

Case Number:	CM14-0159228		
Date Assigned:	10/02/2014	Date of Injury:	04/01/2013
Decision Date:	11/06/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	09/29/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] security guard who has filed a claim for low back pain reportedly associated with an industrial injury of April 1, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; adjuvant medications; and earlier epidural steroid injection therapy. In a Utilization Review Report dated September 20, 2014, the claims administrator denied a request for a walker. It was stated that the walker was being sought for postoperative use purposes. The claims administrator stated that it was concurrently denying the proposed lumbar spine surgery and that the associate request for walker would likewise be denied. The applicant's attorney subsequently appealed. In a July 29, 2014 progress note, the applicant reported persistent complaints of low back pain radiating into the left leg. Tramadol and Neurontin were not altogether effective. The applicant had a large 40 mm disk protrusion at L4-L5, it was stated. Cymbalta was endorsed for neuropathic pain. The applicant's gait was not described on this occasion. In an April 14, 2014 progress note, the applicant was described as having a mildly antalgic gait. The applicant had electrodiagnostic evidence of the lumbar radiculopathy at L5-S1; it was noted per EMG testing on December 19, 2013. On May 12, 2014, it was noted that the applicant was placed off of work, on total temporary disability. On May 15, 2014, a spine surgery consultation was sought. The applicant's gait was not described on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Walker for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, every attempt should be made to maintain the applicant at "maximum levels of activity." In this case, the applicant is described as having a mildly antalgic gait. The applicant was described as having a mildly antalgic gait on several occasions, referenced above. It is not clear why the applicant needs to use a walker, either preoperatively or postoperatively as the applicant does not appear to have any significant gait or mobility deficits which would compel provision of the walker at issue. Therefore, the request is not medically necessary.