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| Case Number: | CM14-0084539 | | |
| Date Assigned: | 07/21/2014 | Date of Injury: | 05/13/2005 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 05/16/2014 |
| Priority: | Standard | Application Received: | 06/06/2014 |

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 Neurology has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 48-year-old man who sustained a work related injury on May 13, 2005. He subsequently developed chronic back pain. The patient has a history of L4-5 fusion followed by another surgery for removal of the posterior segmental instrument. On March 12, 2012, he underwent surgery for decompression and fusion at L3-4 for post lumbar laminectomy syndrome and stenosis at L3-4 that developed following the initial fusion at L4-5. Following the second fusion, the patient did show improvement of his back pain and the severity of the radicular symptoms into his left lower limb. According to the progress report dated on April 2, 2014, the patient continues to complain of persistent low back pain and left lower extremity pain that worsen with physical activity. The patient also reported persistent numbness over the lateral aspect of his left leg. His physical examination demonstrated lumbar tenderness with reduced range of motion. Straight leg raising tests, while sitting and supine are negative with both lower limbs. There is decreased sensation to pinprick and rolling wheel over the anterolateral aspect of the left thigh and calf and over the dorsum of the left foot as compared to the right. The rest of the neurological examination was normal. X-rays of the lumbar spine in AP, lateral, oblique, and lateral flexion and extension dated April 2, 2014 showed a solid fusion from L3 to L5 with posterior segmental instrumentation in satisfactory position. Electrodiagnostic studies of the lower extremities dated December 2, 2013 showed mild active denervation potential at the left L5 and right S1 myotomes that is consistent with active lumbar radiculopathy in the corresponding nerve roots. The patient was diagnosed with post fusion from L3 to L5 with posterior segmental instrumentation and interbody cages at L3-4 and L4-5, low back pain, left lower limb radiculopathy, and post lumbar laminectomy syndrome. The provider requested authorization and the patient has agreed to undergo surgery for revision laminectomy,

exploration of the fusion, and removal of the posterior segmental instrumentation. The provider requested authorization for front-wheeled walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Front wheeled walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Worker's Compensation, Online Edition - Chapter: Knee and Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Walking aids (canes, crutches, braces, orthoses, & walkers) , <http://www.worklossdatainstitute.verioiponly.com/odgtwc/knee.htm#Walkingaids> .

Decision rationale: According to ODG guidelines, wheeled walker is preferred for patients with bilateral disease. There is no clear evidence that the patient was approved for surgery. Therefore, the request for front wheeled walker is not medically necessary.