

<b>Case Number:</b>	CM14-0215859		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	01/23/2009
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 injured worker was a 65 year old male, who sustained a work related injury, on January 23, 2009. The injured worker suffers from low back pain that radiated to the left lower extremity with significant numbness in the left leg. The injured worker had an epidural injection in the past with some relief. The relief lasted a couple of months and was totally worn off in six to seven months. The injured worker was also taking three Norco a day for breakthrough pain. On July 29, 2014, the physical exam noted the injured worker to have decreased sensation to light touch over the L4-L5 dermatomes. there was paravertebral muscle spasm and tenderness in the lower lumbar region. The injured worker was diagnosed with low back pain with radicular symptoms to the left lower extremity. The MRI for the lumbar spine showed 4-5mm disc protrusion at L2-L3, 4-5mm protrusion at L3-L4 and 3-4mm disc protrusion at L5-S1. The treating physician was requesting a surgical consultation at this time. According to the UR, the request for the walker was for post-operative care, however, the documentation submitted for review did not indicate the injured worker had surgery or was having difficulty walking.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Walker:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), walkers.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on walkers, they are medically indicated in patients with knee pain associated with osteoarthritis. Per the progress reports, the patient has low back pain with lower extremity radiculopathy. The ODG suggest the use of walkers when there is deficits of the lower extremities that require assistance in ambulation. There is no clear documentation of ambulation issues. The request is for a walker to be used post-operatively but that request has not been approved. Therefore the request is not medically necessary.