

<b>Case Number:</b>	CM14-0218492		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	10/30/1998
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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: Texas, California

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:

This is a 64-year-old female patient, with a reported date of injury of 10/30/1998. The diagnoses include status post anterior cervical discectomy and fusion at C3-4, C4-5, C5-6, and C6-7, status post L2-3, L3-4, and L4-5 interbody fusion, extension of lumbar fusion at T12-L1 and L1-2, extension thoracic fusion at T5-L5, upper extremity radiculopathy, spinal cord stimulator implant, revision of lumbar fusion, and status post anterior posterior fusion at L5-S1. Per the doctor's note dated 12/09/2014, she was taking about 30% less pain medication for the thoracic spine. She has tried to increase her activity level and walked without the wheelchair as much as she could around the house. The objective findings include the inability to bear weight on her lower extremities; required assistance from her husband and caregiver to transfer from the wheelchair to the examining table; decreased motor function in the bilateral hips, bilateral knees, and bilateral ankles. The medications list includes intrathecal dilaudid, baclofen and bupivacaine; oxycontin, dilaudid, norco, neurontin, fexmid, prilosec, zofran, colace, effexor, ambien and meloxicam. She has undergone thoracolumbar exploration with re-fusion from T3-T11, laminectomy and fusion, repair of a burst fracture at T11-12, with exploration and fusion from T10 to T12 on 02/04/2013, an anterior posterior interbody fusion at L5-S1 on 02/11/2013. She has had MRI of the cervical, thoracic, and lumbar spines, computerized tomography (CT) myelogram of the lumbar spine and an electrophysiological study. She has had physical therapy visits, bilateral lumbar epidural steroid injection at T12-L1 on 02/13/2014, bilateral thoracolumbar epidural steroid injection on 11/06/2014 and home health aide for this injury. The reason for the motorized scooter replacement was not indicated by the treating physician. On

12/18/2014, Utilization Review (UR) denied the request for a motorized scooter replacement, noting that the injured worker had a manual wheelchair, has no documented upper extremity impairment, and has 24 hour/day care. The MTUS Guidelines were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Motorized scooter replacement:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): page 99.

**Decision rationale:** Request: Motorized scooter replacement. Per the CA MTUS chronic pain guidelines cited below, Power mobility devices are not recommended "if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair." Per the records provided she is having assistance from her husband and caregiver to transfer from the wheelchair. Therefore evidence of absence of a caregiver who can propel a manual wheel chair is not specified in the records provided. A detailed neurological exam demonstrating weakness of the upper extremities or significant medical conditions that would compromise the patient, stability to use a manual wheelchair is not specified in the records provided. The medical necessity of Motorized scooter replacement is not fully established for this patient.