

Case Number:	CM15-0006228		
Date Assigned:	01/20/2015	Date of Injury:	06/10/2009
Decision Date:	03/17/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/12/2015

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: California

Certification(s)/Specialty: Internal Medicine

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 is a 35 year old male who sustained a work related injury on June 10, 2009, after an altercation with developing pain in the ribs, chest, neck, and back. He complained of numbness and tingling of his fingers and lower back radiating into his lower extremities. Treatment consisted of chiropractic treatment and pain medications, Magnetic Resonance Imaging (MRI), electromyogram studies and neurological and orthopedic consultation. The injured worker continued to have cervical neck pain and low back pain. The diagnoses included chronic neck pain with multi-level disc desiccation and mild herniation, lumbar sacral degenerative disc changes, thoracic spine pain, chronic pain syndrome and depression. Currently, he continues to complain of facial numbness, neck and back pain. Diagnoses were cervical disc displacement without myelopathy, lumbar disc displacement without myelopathy, chronic pain, and long term use of medications. On December 22, 2014, a request for a service of a single point cane was non-certified by Utilization review, noting the California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Single point cane (cervical, 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(ODG), Treatment Index, 11th Edition(web), 2014, Knee & Leg (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic) Walking aids

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address walking aids. Official Disability Guidelines (ODG) states that disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. The progress report dated December 11, 2014 documented that subjective complaints of neck pain, upper extremity pain, low back pain, and right lower extremity pain. Diagnoses were cervical disc disorder and lumbar disc disorder. Physical examination demonstrated normal 5/5 motor strength in bilateral lower extremities. Gait was antalgic, with use of cane. A single point cane was requested. The 12/11/14 progress report document that the patient currently uses a cane. No deficiencies with the patient's current cane were noted. The 12/11/14 progress report does not provide support for a new cane, when the patient already has a cane. Therefore, the request for a new single point cane is not supported. Therefore, the request for single point cane is not medically necessary.