

<b>Case Number:</b>	CM15-0104774		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	03/03/1995
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 73 year old female, who sustained an industrial injury on March 3, 1995. The injured worker was diagnosed as having lumbar radiculopathy. Treatment to date has included physical therapy, MRI, and medication. Currently, the injured worker complains of low back pain. The Primary Treating Physician's report dated May 13, 2015, noted the injured worker reported her condition worse than the previous visit, with constant severe pain in her lower back that radiated into her right leg with associated weakness and difficulty walking. The injured worker was noted to be scheduled to undergo an epidural injection on May 20, 2015. Physical examination was noted to show positive straight leg raise on the right. The injured worker's treatment plan was noted to include a refill of the injured worker's Omeprazole, and initiation of Motrin. On May 26, 2015, the Physician requested authorizations for a front wheeled walker, with seat, and Omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Front wheeled walker with seat:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Walking aids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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. There is no evidence of osteoarthritis of the lower extremities. Therefore, the request for front wheeled walker with seat is not medically necessary.