

<b>Case Number:</b>	CM15-0011154		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	03/03/1999
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 (IW) is a 71 year old female, who sustained an industrial injury on March 3, 1999. She has reported low back pain and stiffness with occasional radiating pain to the lower extremities and was diagnosed with grade 1 spondylolisthesis at the lumbar 4-5 levels with severe stenosis at the lumbar 3-4 and 4-5 levels with radiculitis. Treatment to date has included radiographic imaging, diagnostic studies, a TENS unit, pain medications, lifestyle modifications and treatment modalities. Currently, the IW complains of low back pain and stiffness with occasional radiating pain to the lower extremities. The injured worker reported an industrial injury in 1999 resulting in chronic low back pain as previously described. Evaluation on August 14, 2014, revealed she found some relief with a TENS unit used as an adjuvant therapy with pain medications. She noted trying to use a combination of therapies to decrease the use of narcotics. She noted improvement with the use of Lyrica and transdermal patches as well as an adjuvant with pain medications. On November 25, 2014, evaluation reportedly revealed a severe exacerbation of the pain symptoms. A rolling walker was recommended and pain medications were renewed. On December 22, 2014, Utilization Review non-certified a request for a rolling walker with seat and brakes, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 21, 2015, the injured worker submitted an application for IMR for review of requested rolling walker with seat and brakes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rolling walker with seat and brakes:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip Chapter, Walking Aids

**Decision rationale:** Regarding the request for the purchase of a walker with a seat, the CA MTUS and ACOEM do not have specific guidelines on this topic. The Official Disability Guidelines state that assistive devices are recommended to assist with ambulation for patients with arthritis. Although this was discussed in the context of hip OA, it can be extrapolated to this case of low back pain with burning leg pains. Within the documentation available for review, it appears the issue is whether a walker with a seat as opposed to a standard walker is necessary. The requesting physician has not identified why the patient would benefit from a walker with a seat, as opposed to a standard rolling walker. Therefore, in the absence of documentation identifying why the patient would benefit from a walker with a seat, the currently requested "purchase of a walker with a seat" is not medically necessary.