

Case Number:	CM15-0117566		
Date Assigned:	06/25/2015	Date of Injury:	01/25/1999
Decision Date:	09/24/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/17/2015

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

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(n) 50 year old male, who sustained an industrial injury on 1-25-99. He reported pain in his lower back. The injured worker was diagnosed as having lumbar disc disease with radiculitis, low back pain and myofascial pain. Treatment to date has included a L5-S1 fusion, physical therapy, a functional restoration program, a TENS unit, Ibuprofen, Zanaflex, Lidoderm patch, Lyrica and Imitrex. As of the PR2 dated 3-2-15, the injured worker reports continued lower back pain. Objective findings include decreased lumbar range of motion, positive facet loading and muscle spasms. The treating physician requested a purchase of a utility cart to offload groceries due to lumbar spine injury and a lumbar spine x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a utility cart to offload groceries due to lumbar spine injury, outpatient:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs), page 100.

Decision rationale: Per MTUS Guidelines regarding power mobility devices such as utility cart, they 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. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. The patient remains ambulatory and does not appear to be homebound. The criteria for the power mobility device has not been met from the submitted reports. There is no documented clinical motor or neurological deficits of the upper extremities to contradict the use of a non-motorized assistive equipment. The Purchase of a utility cart to offload groceries due to lumbar spine injury, outpatient is not medically necessary and appropriate.

1 X-ray of the lumbar spine, outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, Low Back Complaints, Imaging.

Decision rationale: Per ACOEM Treatment Guidelines for the Lower Back Disorders states Criteria for ordering imaging studies such as the requested X-rays of the lumbar spine include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the Lumbar spine x-rays nor document any specific acute change in clinical findings to support this imaging study as reports noted unchanged symptoms of ongoing pain without any progressive neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The 1 X-ray of the lumbar spine, outpatient is not medically necessary and appropriate.