MAXIMUS Federal Services

Case Number:	CM15-0121549		
Date Assigned:	07/02/2015	Date of Injury:	08/09/1999
Decision Date:	07/31/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/23/2015

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: North Carolina
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:

The injured worker is a 56 year old male with an industrial injury dated 08/09/1999. His diagnoses included degenerative disc disease lumbar 4-5, lumbar 5-sacral 1 with disc bulges (3mm) and musculoligamentous sprain of the lumbar spine with lower extremity radiculitis. Prior treatment included chiropractic treatment, weight loss program, medications and psychiatric referral. He presented on 05/11/2015 with complaints of low back pain radiating down both legs to the feet. The pain was associated with spasms of the lower extremities with numbness of the lower back and radiating into both legs. Objective findings noted tenderness over posterior superior iliac spines bilaterally. Treatment plan included inversion table for home use of temporary nerve decompression, orthopedic mattress, three-prong cane, treatment with pain management specialist and Ketorolac with Xylocaine injection for pain. The treatment orthopedic mattress (lumbar spine) was not listed on the application. The request for review is for a cane with 3 prongs (lumbar spine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cane with 3 prong (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), knee and leg, walking aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, ambulatory aids.

Decision rationale: The California MTUS and ACOEM do not specifically address the requested service. The ODG states walking aids especially canes used on the contralateral side can assist in the pain associated with knee osteoarthritis. The patient does not have a primary knee complaint and also has no primary gait disorder. Therefore the request is not medically necessary.