

Case Number:	CM15-0122444		
Date Assigned:	07/06/2015	Date of Injury:	10/15/1999
Decision Date:	07/31/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/25/2015

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: Massachusetts

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:

This 68-year-old male sustained an industrial injury to the back on 10/15/99. Previous treatment included lumbar fusion, physical therapy, epidural steroid injections and medications. Computed tomography lumbar spine (6/5/14) showed prior posterior fusion and decompression with degenerative changes, moderate spinal canal stenosis, bilateral neural foraminal narrowing and straightening of the lumbar lordosis. In a progress note dated 1/5/15, the injured worker complained of ongoing chronic pain through the back and both legs. The injured worker had very little tolerance for walking. The injured worker was scheduled to see a neurosurgeon; however, lumbar spine was not recommended because the injured worker remained on dialysis for kidney failure. In a progress note dated 4/16/15, the injured worker presented in a confused state following dialysis. Aquatic therapy had been approved but the injured worker's wife reported that the injured worker's condition had decompensated since his last visit and that he would not be to tolerate therapy. The injured worker appeared chronically ill. The injured worker was described as confused with a flat affect and not oriented to time. The injured worker walked with an antalgic gait and forward flexed posture using a walker. The injured worker's wife stated that temporary confusion after dialysis was normal. The injured worker's wife and son managed the injured worker's medical condition at home. The injured worker was never alone. Current diagnoses included lumbar post laminectomy syndrome, opioid dependence and chronic pain syndrome. The treatment plan included continuing Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized scooter for lumbar spine and chronic pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for low back pain. He underwent a lumbar fusion. He has advanced renal failure and is not considered a candidate for further surgery. When seen, he had hip pain due to two falls. He had a slow gait with forward flexed posture and was using a walker. His BMI was 33. Power mobility devices (PMDs) 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. If there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. In this case, there is no apparent significant upper extremity impairment. The claimant is able to ambulate with a walker and the information provided does not confirm that the mobility deficit cannot be resolved through the use of an optimally configured manual wheelchair. The request is not medically necessary.