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| Case Number: | CM15-0128412 | | |
| Date Assigned: | 07/15/2015 | Date of Injury: | 11/29/2010 |
| Decision Date: | 08/11/2015 | UR Denial Date: | 06/17/2015 |
| Priority: | Standard | Application Received: | 07/03/2015 |

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 57 year old female sustained an industrial injury on 11/29/10. She subsequently reported back pain. Diagnoses include herniated lumbar disc and lumbar radiculopathy, degenerative disc disease. Treatments to date include MRI testing, injections and prescription pain medications. The injured worker continues to experience neck and back pain. The pain is in both legs with numbness and tingling of the legs. Upon examination, neck and back ranges of motion are restricted with complaints of pain. There is pain with palpation of the neck and back paravertebral musculature with spasm and guarding. Upper and lower extremity reflexes measured 2 plus/4. A request for a walker was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walker: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee, walking aids.

Decision rationale: The MTUS does not address the use of walkers, and therefore the ODG provide the preferred mechanism of assessing medical necessity in this case. The ODG low back chapter does not reference the use of walking aids, however, the knee and lower extremity chapter encourages consideration of such modalities in knee arthritis. In this case, however, with predominantly chronic low back symptoms, it is unclear as to why a walker is being requested. If there is concern for safety/balance issues, this should be addressed in the clinical record and my in fact warrant consideration of a walking aid or other modality. At this time, the request cannot be considered medically necessary without further reasoning as to why other modalities (cane, etc) have not been attempted or have been unsuccessful. The request is not medically necessary.