

Case Number:	CM15-0067932		
Date Assigned:	04/15/2015	Date of Injury:	08/17/2012
Decision Date:	05/14/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/09/2015

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:

This 59 year old woman sustained an industrial injury on 8/17/2012. The mechanism of injury is not detailed. Diagnoses include lumbar spine multilevel disc bulge and bilateral lower extremity radiculopathy. Treatment has included oral medications and use of a cane for ambulation. Physician notes dated 1/6/2015 show complaints of pain to the low back with spasms and cramping. Recommendations include reinstate Nucynta ER, re-authorization for a walker with a seat, continue home physical therapy, and use of cane in left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of walker with seat: 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 ODG, walker, page 39, pages 358-359.

Decision rationale: Per Guidelines, disability, pain, and age-related impairments seem to determine the need for a walking aid; however, medical necessity for request of walker has not

been established as no specific limitations in ADLs have been presented. The patient is currently taking oral analgesics for the chronic pain complaints. The provider noted the patient is ambulating with a cane without documented difficulties or specific neurological deficits defined that would hinder any ADLs. Exam showed low back spasm without any defined neurological deficits. The patient has been participating in outpatient office visits without issues and does not appear to be home bound. Submitted reports have not demonstrated adequate support for this from a clinical perspective without new acute injury or red-flag conditions. The Purchase of walker with seat is not medically necessary and appropriate.