

Case Number:	CM15-0073374		
Date Assigned:	04/23/2015	Date of Injury:	06/23/2010
Decision Date:	05/20/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/17/2015

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: 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 45 year old male who sustained an industrial injury on 06/23/2010. Diagnosis is lumbar stenosis, and he is status post L5-S1 lumbar microdiscectomy and fusion. Treatment to date has included surgery, diagnostic studies, medications, epidural injections, physical therapy, and work restrictions. A physician progress note dated 03/11/2015 documents the injured worker presented for a review of his X rays and Magnetic Resonance Imaging scan. X rays revealed a retrolisthesis of L4 relative to L5, the posterolateral fusion at the L5-S1 level was looking "solid." The Magnetic Resonance Imaging revealed there is triangulation of the spinal canal with significant lateral recess and foraminal stenosis, right side worse than left. The facets are hypertrophied. A physician progress note dated 02/06/2015 documents the injured worker received an epidural steroid injection about a week ago and so far it has not helped. He complains of low back and bilateral hip and leg pain, right side substantially worse than left. On the right side the injured also experiences numbness and tingling in the lateral calf. He limps when he walks. Lumbar range of motion is restricted. The treatment plan is for surgery. Treatment requested is for postoperative front wheeled walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative front wheeled 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 (ODG), Knee & Leg chapter.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on walkers, they are medically indicated in-patient with knee pain associated with osteoarthritis. Per the progress reports, the patient has low back pain. The ODG suggest the use of walkers when there is deficits of the lower extremities strength that require assistance in ambulation which this patient does not have evidence by the provided documentation. Therefore, the request IS NOT medically necessary.