

Case Number:	CM15-0097798		
Date Assigned:	05/28/2015	Date of Injury:	01/14/1998
Decision Date:	06/29/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/20/2015

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 72 year old male/female, who sustained an industrial/work injury on 1/14/98. She reported initial complaints of back pain. The injured worker was diagnosed as having lumbar radiculitis, fibromyalgia, and depression. Treatment to date has included medication and diagnostic testing. Currently, the injured worker complains of insomnia, ongoing pain with spasms to mid and low back and is rated 9/10 without medication and 5/10 with medication. Ambien is helpful. Per the primary physician's progress report (PR-2) on 3/11/15, examination revealed positive paravertebral spasms, positive straight leg raise test bilaterally, and positive myofascial triggers. Current plan of care included a walker with seat to increase outdoor exercise and medications. The requested treatments include Walker with seat.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walker with seat: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

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. The ODG section on walkers states they are indicated in patients with mobility issues only when crutches, canes or self-propelled wheelchairs are not options. The provided clinical documentation for review does not meet these criteria. Therefore, the request is not medically necessary.