

Case Number:	CM13-0047874		
Date Assigned:	12/27/2013	Date of Injury:	08/11/1997
Decision Date:	03/18/2015	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/04/2013

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 56 year old male, who sustained an industrial injury on 8/11/1997. The injured worker complains of persistent pain in his hips and low back that is sharp, stabbing and constant. The documentation noted on the Progress Report 10/10/13 he reported that he had fallen a few more times. He had tenderness to palpation in the lumbar spine, his gait was moderately antalgic, with use of a cane he had moderate pain with active range of motion in all planes of the lumbar spine. There was no documentation of objective findings of neurological or motor deficit of the upper and lower extremities. Work status was documented as permanent and stationary. The diagnoses are included lumbar spondylosis; cervical radiculopathy; status post lumbar fusion and lumbar degenerative disc disease. The medications listed are Oxycontin, Vicodin, Neurontin and Ambien. There is no documentation of compliance monitoring such as UDS. According to the utilization review performed on 10/23/13, the requested mobility assessment related to cervical and lumbar spine symptoms, as out-patient been non-certified. The ACOEM Guidelines were used.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOBILITY ASSESSMENT RELATED TO CERVICAL AND LUMBAR SPINE SYMPTOMS, AS OUT-PATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter. Low and Upper Back. Mobility Assist Devices

Decision rationale: The CA MTUS did not address the use of Mobility Assist devices in patients with chronic pain. The ODG guidelines recommend that Mobility Assist devices can be utilized when mobility deficits cannot be resolved with Cane, Walker or manual propel wheelchair due to insufficient upper extremity function. The records did not show that the patient was not able to utilize a Walker or a manual propel Wheelchair. There is no documentation of lower or upper extremity weakness. The active range of motion of the lower extremities was noted to be only limited by pain. The patient is utilizing multiple opioids and sedative medications that can contribute to the frequent falls. The criteria for Mobility Assessment related to cervical and lumbar symptoms as out- patient was not met.