

Case Number:	CM14-0144810		
Date Assigned:	09/12/2014	Date of Injury:	07/01/2002
Decision Date:	10/21/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 48 year old male whose date of injury is 07/01/2002. The injured worker was seen on 07/09/14 with persistent low back pain rated 6/10 in severity. Low back pain is across the lumbar spine and radiates to the bilateral lower extremities. He is seeing a psychologist which helps with his anxiety and depression. Current medications were listed as Norco, Carisoprodol, Paroxetine, and Omeprazole, and medications are helping pain without adverse affects. On examination spasms were noted in the lumbar paraspinal muscles and stiffness noted in the lumbar spine with tenderness to palpation in the lumbar facet joints bilaterally, and strength is 5/5 in the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Adjustable Cane to assist with mobility: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

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 (Canes, Crutches, Braces, Orthoses, & Walkers)

Decision rationale: The injured worker has complaints of low back pain radiating to both legs. On examination performed 07/09/14, motor strength was 5/5 and there was no indication of antalgic gait. The records did not include any evidence of mobility impairment that would support the need for a cane. Based on the clinical information provided, the request for adjustable Cane to assist with mobility is not recommended as medically necessary.