MAXIMUS Federal Services

Case Number:	CM13-0018944		
Date Assigned:	12/11/2013	Date of Injury:	08/04/1989
Decision Date:	01/24/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 patient is a 55-year-old male who reported an injury on 08/04/1989. The patient is currently diagnosed with postlumbar laminotomy pain syndrome, major depressive disorder, narcotic dependency, chronic pain syndrome, obstructive sleep apnea, hypertension, coronary artery disease, adult onset diabetes mellitus, and cervical postlaminectomy pain syndrome. The patient was seen by [redacted] on 08/07/2013. The patient reported severe pain and withdrawal symptoms. Physical examination only revealed severely tender cervical and lumbar spine with diminished range of motion. Treatment recommendations included authorization for peripheral nerve stimulation treatment, orthotics for pes planus deformity and metatarsalgia, recliner chair, replacement orthopedic mattress, and continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 day outpatient peripheral nerve stimulation treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 97. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/17187468

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 121.

Decision rationale: MTUS Chronic Pain Guidelines state peripheral nerve stimulation can be considered in CRPS-II and intrathecal drug delivery in patients with dystonia, failed neurostimulation, longstanding disease, multi limb involvement, and requirement of palliative care. Sympathetic therapy is not recommended. Sympathetic therapy is considered investigational. Sympathetic therapy describes a type of electrical stimulation of the peripheral nerves that is designed to stimulate the sympathetic nervous system in an effort to normalize the autonomic nervous system and alleviate chronic pain. As MTUS Chronic Pain Guidelines do not support the use of peripheral nerve stimulation, the current request cannot be supported. As such, the request for 4 day outpatient peripheral nerve stimulation treatment is not medically necessary and appropriate.

New Recliner Chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg Chapter, section on Durable Medical Equipment.

Decision rationale: The Official Disability Guidelines state durable medical equipment is defined as equipment which can withstand repeated use, could normally be rented, and is used by successful patients. Durable medical equipment should primarily and customarily serve a medical purpose and is generally not useful to a person in the absence of illness or injury. The medical necessity for a recliner chair has not been established. It was noted on 08/07/2013, the patient requested a recliner chair due to his sleep disorder and difficulty sleeping in a regular bed. Based on the clinical information received, the current request cannot be determined as medically appropriate. As such, the request for a new recliner chair is not medically necessary and appropriate.

Replacement Orthopedic Mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Chapter, section on Durable Medical Equipment, and the Low Back Chapter, section Mattress selection

Decision rationale: The Official Disability Guidelines (ODG) do not recommend using firmness as sole criteria for mattress selection. According to the ODG, There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. The medical necessity for a replacement mattress has not been established. Therefore, the current request for replacement orthopedic mattress is not medically necessary and appropriate.

Foot Orthotics: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

Decision rationale: The ACOEM Guidelines state rigid orthotics may help reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. As per the clinical notes submitted for review, there is no indication that the patient's foot injury is related in any way to the patient's lower back pain. It is also noted that the patient has undergone bilateral ankle surgery, which would indicate ankle pathology. The medical necessity for the requested service has not been established. As such, the request for foot orthotics is not medically necessary and appropriate.