MAXIMUS Federal Services

Case Number:	CM13-0055111		
Date Assigned:	03/31/2014	Date of Injury:	08/14/2009
Decision Date:	05/08/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/20/2013

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. The expert reviewer is Board Certified in Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 60 year-old with a date of injury of 08/14/09. A progress report associated with the request for services, dated 09/17/13, identified subjective complaints of low back pain. The objective findings included decreased range-of-motion and a positive straight leg-raising. Sensation was decreased. The diagnoses included lumbar disc disease with radiculopathy. The treatment has included oral opioids and a lumbar fusion. A utilization review determination was rendered on 10/23/13 recommending non-certification of "TENS unit; and orthopedic shoes".

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308,Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) states that TENS is not recommended for the low back. For other conditions, a one month trial is considered appropriate if used as an adjunct to an evidence-based program of functional restoration. In this case, the TENS unit is being requested for a type of pain not specified as

indicated for treatment. TENS is not recommended for the low back. Also, the multiple criteria noted above (documentation of duration of pain, trial plan, and goal plan) have not been met. Last, a one-month rather than two-month trial should be attempted Therefore, there is no documented medical necessity for a TENS unit.

ORTHOPEDIC SHOES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Shoe Insoles / Shoe Lifts

Decision rationale: The request for orthopedic shoes is general and was not further specified. The Medical Treatment Utilization Schedule (MTUS) states that shoe lifts are not recommended. The Official Disability Guidelines (ODG) note that they are recommended as an option for patients with a significant leg length discrepancy or who stand for prolonged periods. In this case, the record does not document the specific need for orthopedic shoes.