

<b>Case Number:</b>	CM13-0067419		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/26/2000
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Anesthesiology, has a subspecialty in Acupuncture and Pain 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:

This is a 45y/o male injured worker with date of injury 12/26/00 with related back pain. PR-2 dated 11/12/13 documented the he was status post left knee surgery. The type of surgery and date it was performed was not documented. Per 4/9/14 progress report, he complained of constant severe sharp, stabbing low back pain radiating to the bilateral legs with numbness, tingling and weakness. Pain increased with movement, bending, prolonged standing, and walking. Pain was rated at 9/10. He ambulated with a cane. He was status post 5x lumbar surgery. There is +3 tenderness to palpation of the L3-L5 spinous processes and lumbar paravertebral muscles. There was muscle spasm of the lumbar paravertebral muscles. Sitting straight leg raise caused pain bilaterally. Imaging studies were not present in the documentation submitted for review. He has been treated with physical therapy, epidural steroid injection, spinal cord stimulation, and medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CUSTOM ORTHOTICS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

**Decision rationale:** Per ACOEM guidelines, rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. The documentation submitted for review provides no rationale or support for the request. It is not addressed in the treatment plan in the submitted progress reports, nor is there clinical data provided to support the use of a custom orthotic for the injured worker's diagnoses. The request is not medically necessary.

**SLEEP EVALUATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Polysomnography

**Decision rationale:** Per the Official Disability Guidelines (ODG), Polysomnography is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. Home portable monitor testing may be an option. A polysomnogram measures bodily functions during sleep, including brain waves, heart rate, nasal and oral breathing, sleep position, and levels of oxygen saturation. It is administered by a sleep specialist, a physician who is Board eligible or certified by the American Board of Sleep Medicine, or a pulmonologist or neurologist whose practice comprises at least 25% of sleep medicine. The documentation submitted for review does not indicate the injured worker's duration of insomnia or whether behavior intervention or sedative/sleep-promoting medications have been tried and as such the medical necessity cannot be affirmed.