

Case Number:	CM13-0072178		
Date Assigned:	01/17/2014	Date of Injury:	12/11/2012
Decision Date:	12/04/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/30/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 60 year old male with an injury date of 12/11/12. The 11/27/13 progress report by [REDACTED] states that the patient presents with constant, severe, dull, achy, sharp, stabbing lower back pain with numbness, tingling and weakness. The patient also presents with loss of sleep due to pain and anxiety. Examination of the lumbar spine shows +3 tenderness to palpation of the lumbar paravertebral muscles with muscle spasm. Straight leg raise is positive on the right. The patient's diagnoses include: Lumbar degenerative disc disease; Lumbar disc protrusion; Lumbar myospasm; Lumbar radiculopathy; Lumbar sprain/strain. The utilization review being challenged is dated 12/13/13. The rationale regarding the Podiatry consultation is that shoe inserts are indicated for leg length discrepancy and there is no evidence the patient presents with this condition. Two treatment reports were provided from 08/14/13 and 11/27/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PODIATRY CONSULTATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES -TREATMENT FOR WORKERS' COMPENSATION (TWC): LOW BACK PROCEDURE SUMMARY

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Consultations, page 127

Decision rationale: The patient presents with lower back pain with numbness tingling and weakness and loss of sleep. The treating physician requests for Podiatry Consultation. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." On 11/27/13 [REDACTED] states, "Refer patient for consult/evaluation for custom functional orthotics in order to treat the work related injury for Lumbar spine and to correct altered biomechanics." In this case, the request seems reasonable in order to evaluate treatment that may help this patient's painful condition. Recommendation is that the request is medically necessary.

INITIAL 6 SESSIONS OF LINT FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) 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 (ODG) Low Back--Lumbar & Thoracic (Acute & Chronic) Chapter, Hyperstimulation analgesia

Decision rationale: The patient presents with lower back pain with numbness tingling and weakness and loss of sleep. The treating physician requests for Initial 6 sessions of LINT for the lumbar spine. MTUS is silent on Localized Intense Neurostimulation Treatment. ODG Low Back--Lumbar & Thoracic (Acute & Chronic) section guidelines state the following regarding Hyperstimulation analgesia, "Not recommended until there are higher quality studies." On 11/27/13 the treating physician states this request is to increase range of motion and ADLs and decrease pain. In this case, MTUS does not recommend NMES units for chronic pain. Recommendation is that the request is not medically necessary.