

Case Number:	CM14-0115225		
Date Assigned:	08/04/2014	Date of Injury:	08/05/1986
Decision Date:	09/22/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/21/2014

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 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 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 74-year-old male who reported an injury on 08/05/1986 due to an unknown mechanism. Diagnoses were postlaminectomy syndrome, lumbar, lower back pain, lumbar/thoracic radiculopathy. Past treatments were not reported. Diagnostic studies were not reported. Surgical history was a lumbar laminectomy. Physical examination on 05/30/2014 revealed complaints of pain in the lumbar region with pain that radiated to the legs bilaterally. The pain was described as a dull ache. The pain was rated a 6/10 to 7/10. Physical examination revealed the injured worker was unable to function without his current medications. He was also fighting colon cancer that had metastasized to his liver. Medications were Opana ER 40 mg, Opana 10 mg, Oxycontin 80 mg, and Lidoderm patch. The rationale was not submitted. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of new wheeled walker: 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 (ODG) Knee, Walking Aids, Durable Medical Equipment.

Decision rationale: The request for purchase of new wheeled walker is not medically necessary. The ODG states that walking aids (canes, crutches, braces, orthoses, walkers) is recommended. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. In patients with osteoarthritis, the use of a cane or walking stick in the hand may be used. The definition of durable medical equipment is something which can withstand repeated use, i.e., and could normally be rented, and used by successive patients. It should also be primarily and customarily used to serve a medical purpose and generally is not useful to a person in the absence of illness or injury. It should also be appropriate for use in a patient's home. Past treatments, diagnostic studies and past surgeries were not submitted. Therefore, the request is not medically necessary.

Outpatient behavioral pain management/biofeedback: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24.

Decision rationale: The request for outpatient behavioral pain management/biofeedback is not medically necessary. The California Medical Treatment Utilization Schedule states biofeedback is not recommended as a standalone treatment, but recommended as an option in cognitive behavioral therapy program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. The potential benefits of biofeedback include pain reduction because the patient may gain a feeling that he is in control and pain is a manageable symptom. Recommendations for a biofeedback program are to screen for patients with risk factors for delayed recovery, as well as motivation to comply with a treatment regimen that requires self discipline. Initial therapy for these at risk patients should be physical medicine exercise instruction, using a cognitive motivational approach to physical therapy. Also, it should be possible to consider a biofeedback referral in conjunction with a cognitive behavioral therapy after 4 weeks with an initial trial of 3 to 4 psychotherapy visits over a 2-week period. With evidence of objective functional improvement, a total of up to 6 to 10 visits over a 5 to 6 weeks' period (individual sessions) may be considered. Patients should continue biofeedback exercises at home. The lack of information in this document and the rationale for medical necessity merits the request to be not medically necessary.