

Case Number:	CM14-0124528		
Date Assigned:	08/08/2014	Date of Injury:	09/19/1991
Decision Date:	09/15/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/06/2014

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 Pain Medicine and Rehabilitation and is licensed to practice in Texas. 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 60 year-old male whose date of injury is 09/19/1991. The mechanism of injury is described as installing doors. Treatment to date includes lumbosacral orthosis, aquatic therapy, heat packs, ice packs, TENS unit, traction, acupuncture, right foot surgery on 07/18/13, epidural steroid injections, spinal cord stimulator and medication management. Soap note dated 04/15/14 indicates that the injured worker complains of tenderness to the area of the right forefoot, especially the big toe for the past four months. The injured worker is using private means to use the pool at the [REDACTED]. Diagnoses are post-laminectomy syndrome lumbar region, degenerative joint disease, osteoarthritis local primary ankle/foot; sprain/strain thoracic region; lumbar radiculopathy; lumbago; and other acute reactions to stress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mesh Back Support XL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

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 chapter, Lumbar Supports.

Decision rationale: Based on the clinical information provided, the request for Mesh Back Support XL is not medically necessary. There is no documentation of compression fracture, spondylolisthesis or instability as required by the Official Disability Guidelines. Therefore, medical necessity of the requested mesh back support is not established in accordance with the Official Disability Guidelines.

1 year subscription to [REDACTED]: 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), Low Back Chapter, Gym Memberships.

Decision rationale: Based on the clinical information provided, the request for a 1 year subscription to the [REDACTED] is not medically necessary. There is no indication that a home exercise program has failed or that there is a need for equipment as required by the Official Disability Guidelines. Additionally, the Official Disability Guidelines do not generally recommend gym memberships as medical treatment as there is a lack of information flowback to the provider, and there may be risk of further injury to the injured worker.

Tens Unit Supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back Lumbar And Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

Decision rationale: Based on the clinical information provided, the request for TENS Unit supplies is not recommended as medically necessary. The injured worker's objective functional response to TENS is not documented to establish efficacy of treatment as required by CA MTUS guidelines. There are no specific, time-limited treatment goals provided in accordance with CA MTUS guidelines. Therefore, medical necessity is not established.