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| Case Number: | CM14-0133473 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 08/29/2010 |
| Decision Date: | 10/28/2014 | UR Denial Date: | 07/22/2014 |
| Priority: | Standard | Application Received: | 08/20/2014 |

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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 57 year old male with a work injury dated 8/29/10. The diagnoses include cervical degenerative disc disease; cervical disc protrusion; cervical radiculopathy; cervical stenosis; lumbar disc herniation with myelopathy; lumbar spine degenerative joint disease/degenerative disc disease; lumbar myalgia; lumbar myospasm; lumbar radiculopathy; sixteen months status post lumbar spine fusion surgery at L4-S1 level. Under consideration is a request for DME: left ankle foot orthosis and advanced DNA meditation collection kit. There is a primary treating physician report dated 7/11/14 primary treating physician report that states that he continues to complain of headaches and pain in his neck and back. He reports that the pain is associated with weakness in left leg and knee, and numbness and tingling in the left hand. The pain radiates to left arm, hand, buttock, hip, thigh, knee, ankle, foot toes and leg. He reports that overhead reaching, lifting, pushing, pulling, gripping, twisting, bending, stooping, kneeling, walking and sitting aggravate his symptoms. He exercises in form of walking. He is currently off work. On exam of the lumbar spine, there was tenderness to palpation noted. Manual muscle testing revealed 4/5 strength with flexion, extension and bilateral lateral bend. Range of motion was restricted due to pain. Neurological examination was within normal limits. There is a request for a new AFO and lumbar brace. There is a 6/14/14 physician progress report that states that the patient has foot drop and uses a cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: left ankle foot orthosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) -ankle foot orthosis

Decision rationale: DME: left ankle foot orthosis is not medically necessary per the MTUS and ODG guidelines. Although the ODG guidelines support an orthoses for foot drop the clinical exam findings are not supportive of the need for an orthoses. The MTUS ACOEM guidelines discuss bracing for acute injuries. The documentation does not indicate a clear examination of the leg/foot muscle motor strength that would cause a left ankle foot orthosis to be medically necessary. Furthermore, it is unclear why the patient requires a replacement AFO. Without this information DME: left ankle foot orthosis is not medically necessary.

Advanced DNA meditation collection kit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Advanced DNA meditation collection kit Page(s): 42.

Decision rationale: Advanced DNA meditation collection kit is not medically necessary per the MTUS guidelines. The guidelines state that there is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. The documentation indicates that the patient has chronic pain. Without MTUS guideline support for this testing the request for advanced DNA meditation collection kit is not medically necessary.