

<b>Case Number:</b>	CM14-0079055		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/18/2002
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 Anesthesiology, has a subspecialty in 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:

The injured worker is a 69 year old female whose date of injury is 11/18/02. The mechanism of injury is not described, but the injured worker is noted to have a history of low back pain and bilateral lower extremity pain. She is status post L4-5 fusion on 09/01/11 that was complicated by left leg cellulitis. Per office note dated 05/06/14 the injured worker is s/p lumbar ESI on 02/24/14 and 01/09/13, and reports resolution of left leg numbness. She has completed physical therapy. The injured worker states 90% improvement after injection, and pain is now coming back to previous levels. EMG showed bilateral S1 radiculopathy. Current medications were listed as Levothroid; Lisinopril; Glyburide; Omeprazole; Aspirin; fish oil; Lovastatin; vitamin D; Phenergan; Isosorbide Dinitrate; Atenolol; Metformin; Norco; Dendracin cream. Examination reported gait is non-antalgic with no assistive devices used for walking. No muscle guarding is noted. Lumbar spine examination reported 5/5 motor strength right and left lower extremities; sensory decreased to light touch, pinprick and temperature right L5, S1; DTRs 2+ bilateral knees and ankles; straight leg raise negative for radicular signs. Treatment recommendations included refills of Norco and Diclofenac. Lumbar orthosis was recommended to reduce pain, facilitate healing following a surgical procedure, and to support weak spinal muscles. Z-coil shoes are noted to be worn out and the injured worker needs a new pair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** The request for Diclofenac is not supported as medically necessary. The submitted clinical records indicate the claimant has chronic low back pain secondary and is status post lumbar fusion. She is noted to have had benefit from LESI. The request is generic and does not provide strength, the rate of delivery, or number of pills. As such, the request is incomplete and not supported as medically necessary.

**Lumbar brace:** Upheld

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

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

**Decision rationale:** ACOEM guidelines reflect that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker is more than 3 years post one level lumbar fusion at L4-5 done in 2011. There is no need for postoperative bracing this far out from surgical intervention and in the absence of objective evidence of motion segment instability. Per the guidelines, lumbar supports are not recommended for prevention and/or treatment of low back pain. Based on the clinical information provided, the request for Lumbar brace is not recommended as medically necessary.

**Z-coil shoes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Hegmann K (ed), Occupational Medicine Practice Guidelines, Vol 2 .3rd Ed (2011) - p 521.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Shoe insoles/shoe lifts.

**Decision rationale:** Current evidence-based guidelines note that shoe insoles/shoe lifts may be recommended as an option for patients with a significant leg length discrepancy, or who stand for prolonged periods of time, but do not recommend shoe insoles/shoe lifts for treatment of back pain. There is no documentation that the injured worker has leg length discrepancy or otherwise meets criteria for shoe insoles/shoe lifts. Based on the clinical information provided, the request for Z-coil shoes is not recommended as medically necessary.