

<b>Case Number:</b>	CM14-0053951		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	04/19/2004
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53-year-old male, with a reported date of injury of 04/19/2004. The diagnoses include lumbar failed back syndrome, postlaminectomy syndrome, lumbar spine strain/sprain, and lumbar spine radiculopathy. Treatments to date have included oral medications. The progress report dated 03/16/2015 indicates that the injured worker complained of low back pain with radiation to the left lower extremity. He described the pain as aching, radiating, sore, and severe. The injured worker rated the pain 5 out of 10. The physical examination showed no apparent loss of coordination. The treating physician requested Orthotics (two per year), special shoes (two per year), and Sleep Number Bed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthotics 2/year:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1044-1046. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg Chapter, Insoles.

**Decision rationale:** Per the 03/10/15 Supplemental Pain Management report by [REDACTED], the patient presents with constant lower back pain and lower extremity pain s/p lumbar spine surgery with continued chronic lumbar postlaminectomy syndrome. The current request is for ORTHOTICS 2/YEAR per the 03/10/14 report. The RFA is not included. The reports do not state if the patient is working. MTUS/ACOEM Chapter 12, Low Back Complaints, page 308, table 12-8, states shoe lifts are not recommended, but shoe insoles are optional. ODG, Low Back Chapter, does not discuss insoles. Some guidance is provided by ODG, Knee & Leg Chapter, Insoles, states, "Recommended as an option. Recommend lateral wedge insoles in mild OA but not advanced stages of OA." In this case, the reports provided for review do not discuss the medical necessity of this request or the type of orthotics needed. The 03/10/15 report states, "The patient has relayed to me a request from is attorney to request authorization for the following: #2. Orthotics. 2 per year." In this case, lacking a clear statement for the need of the current request and recommendation by guidelines, it IS NOT medically necessary.

**Special shoes 2/yr:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1044-1046. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg chapter, footwear.

**Decision rationale:** Per the 03/10/15 Supplemental Pain Management report by [REDACTED] the patient presents with constant lower back pain and lower extremity pain s/p lumbar spine surgery with continued chronic lumbar postlaminectomy syndrome. The current request is for SPECIAL SHOES 2/YR per the 03/10/14 report. The RFA is not included. The reports do not state if the patient is working. ACOEM and MTUS, and ODG, Low Back Chapter, do not specifically discuss shoes. ODG, Knee & Leg, discusses footwear in the context of knee osteoarthritis. In this case, the reports provided for review do not discuss the necessity of this request. The 03/10/15 report states, "The patient has relayed to me a request from is attorney to request authorization for the following: #3. Special shoes. 2 per year." Lacking a clear explanation of the need for the current request and lacking recommendation by guidelines, the request IS NOT medically necessary.

**Sleep number Bed #1:** 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, Mattress selection Aetna Clinical Policy Bulletin: Pressure Reducing Support Surfaces Number: 0430.

**Decision rationale:** Per the 03/10/15 Supplemental Pain Management report by [REDACTED] the patient presents with constant lower back pain and lower extremity pain s/p lumbar spine surgery with continued chronic lumbar postlaminectomy syndrome. The current request is for SLEEP NUMBER BED #1 per the 03/10/14 report. The reports do not state if the patient is working. ACOEM and MTUS do not discuss mattresses. ODG, Low Back Chapter, Mattress selection, states, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure." ODG further states under durable medical equipment that it must be primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness. Aetna Clinical Policy Bulletin: Pressure Reducing Support Surfaces Number: 0430 Policy Aetna considers pressure-relieving support surfaces medically necessary as durable medical equipment (DME) according to the selection criteria set forth below. In this case, the reports provided for review do not discuss the reason for this request. The 03/10/15 report states, "The patient has relayed to me a request from his attorney to request authorization for the following: #1. A sleep number day." Lacking a rationale for the current request it is difficult to evaluate. No evidence is provided that this request is to provide a pressure relieving support surface. Therefore, the request IS NOT medically necessary.