

Case Number:	CM15-0143091		
Date Assigned:	08/06/2015	Date of Injury:	06/19/2005
Decision Date:	09/02/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year-old male who sustained an industrial injury on 06-19-05. Initial diagnoses are not available. Current diagnoses include cervical radiculitis, lumbar disc degeneration, chronic pain, failed back surgery syndrome, lumbar post laminectomy syndrome, lumbar radiculopathy, iatrogenic opioid dependency, medication related dyspepsia, and status post back surgery x2 2009. Diagnostic testing and treatment to date has included MRI, urine toxicology screens, lumbar fusion, physical therapy, failed trial placement of a spinal cord stimulator, failed epidurals, and pain medication management. Currently, the injured worker complains of neck and low back pain. His back pain radiates down the bilateral lower extremities accompanied by numbness constantly in the bilateral lower extremities to the level of the feet, aggravated by activity, standing, and walking. He has constant left foot pain described as throbbing. Activities of daily living are limited due to pain. Physical examination is remarkable for cervical spine occipital tenderness bilaterally. There is lumbar spasm in the bilateral paraspinal muscles and range of motion of the lumbar spine is moderately to severely limited. The injured worker's gait is slow; he uses a walker to ambulate and his orthopedic shoes are worn out. Current plan of care includes physical therapy with plan to progress to a home exercise program. There has recently been a flare-up of pain symptoms which has not resolved and requires directed physical therapy. Recent lumbar spine MRI shows atrophy of erector spinae muscles. The injured worker needs reconditioning-strengthening. Requested treatments include physical therapy for the lumbar 2 times a week for 4 weeks, and orthotic shoes. The injured worker is under temporary total disability. Date of Utilization Review: 07-22-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a remote history of a work injury occurring in June 2005 and continues to be treated for radiating neck and radiating low back pain, daily headaches, insomnia, and left foot pain with throbbing and swelling. Pain was rated at 8-9/10 with medications. When seen, he had undergone a spinal cord stimulator trial with less than 5% improvement. He appeared to be in moderate distress. He had a slow gait and was using a walker. There was occipital and lumbar tenderness. There was decreased lumbar spine range of motion with pain. There were lumbar paraspinal muscle spasms. There was decreased left lower extremity sensation and bilateral lower extremity strength. Authorization for physical therapy was requested. The claimant's current orthopedic shoes had worn out and replacement was requested. They had been previously authorized. He was having swelling of his feet since surgery. The request had been initiated by his podiatrist. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be effective. The request was not medically necessary.

Orthotic shoes: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin Foot Orthotics, Number 0451:1 last updated 10/04/2013.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Local Coverage Determination (LCD): Orthopedic Footwear.

Decision rationale: The claimant has a remote history of a work injury occurring in June 2005 and continues to be treated for radiating neck and radiating low back pain, daily headaches, insomnia, and left foot pain with throbbing and swelling. Pain was rated at 8-9/10 with medications. When seen, he had undergone a spinal cord stimulator trial with less than 5% improvement. He appeared to be in moderate distress. He had a slow gait and was using a walker. There was occipital and lumbar tenderness. There was decreased lumbar spine range of

motion with pain. There were lumbar paraspinal muscle spasms. There was decreased left lower extremity sensation and bilateral lower extremity strength. Authorization for physical therapy was requested. The claimant's current orthopedic shoes had worn out and replacement was requested. He was having swelling of his feet since surgery. The request had been initiated by his podiatrist." Orthopedic footwear can be considered for coverage if used an integral part of a prosthesis for a patient with a partial foot amputation, as an integral part of a medically necessary lower extremity orthosis, or in select patients with diabetes for the prevention or treatment of diabetic foot ulcers. Additionally, coverage criteria include a sufficiently detailed description of the requested shoes. In this case, none of these conditions is present and there is no detailed description of what is being requested. It was not medically necessary."