

Case Number:	CM15-0025637		
Date Assigned:	03/19/2015	Date of Injury:	05/23/1997
Decision Date:	04/17/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/10/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented Broadspire beneficiary who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of May 23, 1997. In a utilization review report dated February 10, 2015, the claims administrator failed to approve a request for an electrical muscle stimulator and shoe inserts. The claims administrator noted that the applicant had undergone earlier failed lumbar spine surgery. A progress note of January 9, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a progress note dated January 9, 2015, the applicant reported ongoing complaints of neck and low back pain reportedly associated with an industrial contusion injury. The applicant had undergone two failed lumbar spine surgeries. The applicant was not working, had failed vocational rehabilitation, and was receiving Social Security Disability Insurance (SSDI) benefits, in addition to Workers' Compensation Indemnity benefits. Physical therapy, an electrical stimulator device, and shoe inserts were endorsed, along with prescriptions for glucosamine, Norco, Naprosyn, and Prevacid.

IMR ISSUES, DECISIONS AND RATIONALES

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

One muscle stimulator for bilateral shoe: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114 - 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121. Decision based on Non-MTUS Citation ACOEM V.3 > Low Back > Devices > Shoe Insoles and Shoe Lifts. Recommendation: Shoe Insoles and Lifts for Treatment of Subacute or Chronic Low Back Pain, Radicular Pain, or Other Back-related Conditions Shoe insoles and lifts are not recommended for treatment of subacute or chronic low back pain or radicular pain syndromes or other back-related conditions other than in circumstances of leg length discrepancy over 2cm. In the absence of significant leg length discrepancy, shoe insoles and lifts are not recommended as there are other treatments shown to have demonstrable benefits and minor leg length discrepancies appear unlikely to result in meaningful adverse health effects. Strength of Evidence Not Recommended, Insufficient Evidence (I) Recommendation: Shoe Insoles and Lifts for Significant Leg Length Discrepancy Shoe lifts are recommended for treatment of chronic or recurrent low back pain among individuals with significant leg length discrepancy of more than 2cm. Indications Leg length discrepancies that are confirmed on repeated measurements as over 2cm. Recommendation: Shoe Insoles for Patients with Prolonged Walking Requirements Shoe insoles are recommended for patients with chronic low back pain who have prolonged walking requirements. Strength of Evidence Recommended, Evidence (C).

Decision rationale: 1. No, the request for a muscle stimulator was not medically necessary, medically appropriate, or indicated here. The muscle stimulator at issue represents a form of neuromuscular electrical stimulation or NMES. However, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular electrical stimulation is not recommended outside of the post-stroke rehabilitation consultation is not recommended in the chronic pain context present here. Similarly, the request for bilateral shoe inserts was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of orthotics for a primary diagnosis of low back pain. However, the Third Edition ACOEM Guidelines notes that shoe orthotics, shoe insoles and/or lifts are not recommended for applicants with chronic nonspecific low back pain other than in individuals who have a significant leg-length discrepancy and/or have an occupation with prolonged walking requirements. Here, the applicant is no longer working. The applicant does not, thus, have an occupation with prolonged walking requirements. The attending provider did not outline the presence of a significant leg-length discrepancy so as to compel provision of the shoe inserts at issue. Therefore, the request was not medically necessary.