MAXIMUS Federal Services

Case Number:	CM15-0044934		
Date Assigned:	03/16/2015	Date of Injury:	12/22/1999
Decision Date:	04/23/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/09/2015

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: Florida
Certification(s)/Specialty: Family Practice

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 48-year-old female, with a reported date of injury of 12/22/1999. The diagnoses include chronic lumbar strain, complete loss of L5-S1 disc space with bilateral pars defect, postoperative pain and radiculopathy, and bilateral neuroforaminal stenosis. Treatments to date have included oral medications, an MRI of the lumbar spine, physical therapy, electro-diagnostic studies, left L5 nerve root block, bilateral L5-S1 foraminotomy, an x-ray of the lumbar spine, and lumbar interbody fusion at L4-5. The progress report dated 02/09/2015 indicates that the injured worker complained of constant moderate to severe low back pain, with occasional radiation down her legs, more on the right. She reported numbness and tingling of the posterior aspect of the right leg. The injured worker also reported decreased pain intensity of the feet and low back when using her orthopedic shoes. The objective findings includes difficulty arising from a seated position, an antalgic gait, lumbar flexion at 20 degrees, lumbar extension at 5 degrees, pain and tightness with all ranges, and difficulty ambulating on her heels and toes. It was noted that the injured worker continued to have difficulty performing her usual activities of daily living. The treating physician requested an orthopedic mattress due to thoracolumbar spine pain and sleep disruption and one pair of orthopedic shoes for improvement of low back and bilateral foot symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic mattress: 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 Mattress Selection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Pain.

Decision rationale: California MTUS guidelines do not specifically address mattress requests. Therefore, the ODG was referenced. According to the ODG, there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Regarding this patient's case, she/he has a diagnosis of chronic low back pain. Likewise, this request is not considered medically necessary.

Orthopedic shoes one (1) pair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Pain.

Decision rationale: California MTUS guidelines do not specifically address orthopedic shoe requests. Therefore, the ODG was referenced. According to the ODG, while shoe insoles are recommended, there is no support for orthopedic shoes in the treatment of low back pain. Therefore, this request is not considered medically necessary.