

<b>Case Number:</b>	CM13-0060245		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	06/01/1995
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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: 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 injured worker is a 55 year old male, who sustained an industrial injury on June 1, 1995. He reported pain in his cervical region and low back. The injured worker was currently diagnosed as having displacement lumbar disc without myelopathy, opioid dependence, failed cervical spine surgery, failed lumbar spine surgery, status post spinal cord stimulator explant, lumbar neuralgia, bilateral sacroiliac joint pain, cervicogenic headache, cervical degenerative disc disease and cervical neuritis/radiculitis. Treatment to date has included surgery and medications. On July 11, 2013, the injured worker complained of an increased lumbosacral pain level. He reported a strain to his low back and a pop in the lumbosacral region resulting in more severe numbness accompanied by motor weakness. He also reported cervical pain. He rated his pain as a 9-10 on a 0-10 pain scale. He reported bilateral burning thigh pain that radiated down to the feet. Muscle strength was 5/5 in the lower extremities. The diagnosis states that there is lumbar disc disease without myelopathy. The treatment plan included medications, home health care and orthotic shoes. On July 31, 2013, Utilization Review non-certified the request for two pair of orthotic shoes and a new hospital bed as an outpatient for lumbar and cervical spine disorder, citing ACOEM Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 pairs of orthotic shoes:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**Decision rationale:** MTUS Guidelines do not support special shoes for the treatment of chronic low back pain. Shoe inserts have tepid supports, but major shoe changes such as shoe lifts are specifically not recommended. There is no documentation of gait abnormalities, foot drop, skin breakdown or other medical issues that might necessitate 2 pairs of orthotic shoes. Under these circumstances, the request for 2 pairs of orthotic shoes is not supported by Guidelines and is not medically necessary.

**New Hospital Bed as an outpatient for the lumbar and cervical spine disorder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/Durable Medical Equipment.

**Decision rationale:** MTUS Guidelines do not list a hospital bed for treatment of chronic spinal pain. ODG Guidelines address the issue of durable medical equipment (DME) in the knee section. By definition, DME is necessary as medical treatment and this has not been established to be medically necessary for this individual. There is no fixed neurological deficit noted in this individual that would interfere with an ability to get in and out of bed. Under these circumstances, the New Hospital Bed as an outpatient for the lumbar and cervical spine disorder is not supported by Guidelines and is not medically necessary.