

<b>Case Number:</b>	CM14-0141471		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/05/2014
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 39 year old with a work injury dated 4/5/14. The diagnoses include lumbar degenerative disc disease (L4-L5 and L5-S1) with severe changes at L5-S1 with documented nerve root encroachment and S1 edema, bilateral lower extremity radiculitis right greater than left, diffuse regional myofascial pain, and chronic pain syndrome with both sleep and mood disorder. Under consideration is a request for Shoes, Orthopedic OTS, Qty 1 pair and TENS unit for lumbar spine, Qty 1. There is a primary treating physician report dated 7/29/14 progress report that states that the patient describes some frustration regarding her injury and treatment in the occupational medicine setting and has requested a change in treating providers. She remains symptomatic. The pain is constant. The intensity is said to be 8/10. Medications are listed as Norco 2 tablets a day, ibuprofen 800 mg 1 tablet a day, Flexeril 10 mg 1 tablet a day, senna 2 tablets a day, chlorpromazine 1 O mg 1-2 tablets a day, and Omeprazole 20 mg 1-2 tablets a day. The patient does not smoke. The patient is 5 feet 7 inches and weighs 277 pounds. BMI is 43.4. The patient has reportedly gained 25 pounds since the date of injury. Additionally the patient reports poor sleep, poor mood, poor appetite, problems with concentration and thinking, poor energy level, decreased levels of physical activity, enjoyment of life, and difficulty with sexual relations. On exam she had marketed flattening of the normal lumbar lordosis. Her posture was fixed, forward or flexed at the waist. She had a negative seated leg raise bilaterally. Reflexes were 2+ in the knees, 1+ in the ankles. There was no extensor hallucis longus weakness. The impression includes lumbar degenerative disc disease (L4-L5 and L5-S1) with severe changes at L5-S1 with documented nerve root encroachment and S1 edema, bilateral lower extremity radiculitis right greater than left, diffuse regional myofascial pain, and chronic pain syndrome with both sleep and mood disorder. Treatment to date has included rest, medicines, physical therapy both on the land and in water as well as limited chiropractic. It is noted that her previous

primary treating physician identified that she had met criteria for delayed recovery and had not responded to conservative care. The document states that the patient is not an injection candidate nor does the provider think she needs surgery. However, she is going to need a significant amount of rehabilitation. Recommendations include physical therapy evaluation and treatment and psychology evaluation and treatment. It was noted that the patient would benefit from a weight management program. She is not yet maximally improved.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Shoes, Orthopedic OTS, Qty 1 pair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Footwear-knee arthritis; Low Back- Shoe insoles/shoe lifts

**Decision rationale:** Shoes, Orthopedic OTS, Qty 1 pair is not medically necessary per the ODG and the MTUS guidelines. The ODG states that footwear is recommended for knee arthritis. The ODG states that orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. The ACOEM states that supportive shoes can be used in metatarsalgia. The ODG states that shoe insoles/shoe lifts are recommended as an option for patients with a significant leg length discrepancy or who stand for prolonged periods of time. The documentation is not clear on why orthopedic shoes are medically necessary. The ODG and MTUS do not specifically discuss orthopedic shoes for lumbar pain. The documentation does not support the need for orthopedic shoes and therefore the request for Shoes, Orthopedic OTS, Qty 1 pair is not medically necessary.

**TENS unit for lumbar spine, Qty 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** TENS unit for lumbar spine, Qty 1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this time. The documentation submitted does not reveal the documentation of use and outcomes recommended prior to having home TENS unit. MTUS guidelines recommend TENS "as an adjunct to a program of evidence-based functional restoration." Additionally, there should be "a treatment plan including the specific short- and long-term goals of treatment with the TENS unit

" documented. The above documentation does not submit evidence of a treatment plan. The request for TENS unit for lumbar spine, QTY 1 is not medically necessary.