

Case Number:	CM13-0024444		
Date Assigned:	11/20/2013	Date of Injury:	09/12/2012
Decision Date:	01/27/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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 37-year-old female who reported an injury on 09/12/2012 due to lifting a heavy object. The patient developed moderate to severe radiating back pain. The patient was treated conservatively with chiropractic care, physiotherapy and acupuncture. The patient was also evaluated by a podiatrist who recommended orthotics to provide support for the patient's "flat feet" and to assist with alleviation of low back pain. The patient also received shockwave treatment. The patient underwent MRI that revealed there was a broad-based disc bulge at the L4-5 abutting the thecal sac and a broad-based disc protrusion at L5-S1 impinging on the exiting S1 nerve root. The patient's most recent clinical exam findings included tenderness to palpation over the paravertebral musculature bilaterally; tenderness to palpation and hypomobility over the L4-S1 regions with a positive straight leg raise test bilaterally. Lumbar range of motion was described as 40 degrees in flexion, 10 degrees in extension, 13 degrees in right lateral bending, and 12 degrees in left lateral bending. The patient had disturbed sensation with pinwheel testing in the left L5 and S1 dermatomes. The patient's diagnoses included a lumbar sprain/strain, lumbar radiculitis/sciatica on the left, pes planus bilaterally, and L4-5 and L5-S1 disc protrusions. The patient's treatment plan included epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional orthotic: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle and Foot Complaints, ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008 Pages 1039-1041.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

Decision rationale: The clinical documentation submitted for review does indicate the patient has pes planus. American College of Occupational and Environmental Medicine states, "Rigid orthotics (full shoe-length inserts made to re-align within the foot and from the foot to the leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia." Although the patient does have a condition that may benefit from rigid orthotics, the clinical documentation submitted for review does not provide any evidence that this diagnosis is related to the patient's compensable injury or would provide significant benefit to the patient's low back injury. As such, the requested functional orthotic is not medically necessary or appropriate.