

<b>Case Number:</b>	CM13-0041066		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	08/30/2000
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, shoulder, and ankle/foot pain reportedly associated with an industrial injury of August 30, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier lumbar fusion surgery; and an unspecified amount of physical therapy over the course of the claim. In a utilization review report dated October 4, 2013, the claims administrator denied a request for an ankle-foot orthosis. Non-MTUS 2008 ACOEM Guidelines were cited, which the claims administrator mislabeled as originating from the MTUS. Non-MTUS ODG Guidelines were also cited. The claims administrator did not incorporate either guidelines into his rationale, but did note that the attending provider had not stated what condition or conditions the foot orthoses were intended to treat. On March 30, 2013, the applicant was described as having persistent complaints of low back pain. The applicant was pending a fusion surgery at that time. Lortab was endorsed. On June 8, 2013, the applicant was described as status post earlier lumbar fusion surgery. The applicant was using a walker at this point as well as a lumbar orthosis. The applicant's work status was not provided. On July 20, 2013, the applicant was placed off of work, on total temporary disability. The applicant did report a primary complaint of chronic low back pain. The applicant apparently underwent lumbar spine surgery at L4-L5 on June 7, 2013. The applicant apparently developed a postoperative wound infection, it was further noted. In a handwritten note dated January 9, 2014, the attending provider apparently endorsed an ankle-foot orthosis on the right leg while placing the applicant off of work, on total temporary disability. The applicant apparently presented with low back pain. The note was very difficult to follow, although there was some mention made that the applicant was having limited range of motion about the lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Ankle and Foot Orthosis:**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1044-1046.

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

**Decision rationale:** The MTUS does not address the topic of orthotics for a primary low back issue. While the Third Edition ACOEM Guidelines do support provision of foot or ankle orthotics for low back pain in applicants who have jobs that require significant standing and/or walking requirements, in this case, however, the applicant was described as a former dispatcher-clerk. The applicant does not appear to have any significant occupational standing and/or walking requirements. It was further noted that the applicant is off of work, on total temporary disability, making it unlikely that the applicant is performing extensive amounts of standing and/or walking. ACOEM also supports provision of orthotics in applicants with low back pain and associated limb length discrepancy. In this case, however, there was no mention or discussion that the applicant was having a significant limb length discrepancy. No compelling rationale, in short, was furnished so as to support provision of the ankle-foot orthosis in question. Therefore, the request is not medically necessary.