

<b>Case Number:</b>	CM13-0041443		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	12/16/2008
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation, 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 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:

This patient is a 75-year-old, who was injured multiple body parts in December, 2008. She was initially evaluated by [REDACTED] on July 18, 2013. At that time, she reported occasional low back pain and pain in the right hip and leg radiating to the foot, neck and shoulders. The patient had stitches to a laceration initially and also physical therapy. In 2009, she had an MRI of the left knee and was found to have a medial meniscal tear which was repaired in April, 2009. She saw a Psychologist who told her to see a Neurologist. She saw a Neurologist, [REDACTED], in 2010. He told her she had a concussion, vertigo and balance issues. She sees [REDACTED], Orthopedist, periodically and told him about her right hip pain. In July, she had right leg pain and right side back pain. She continued to have neck pain, dizziness, loss of balance and vertigo. On physical examination of the lumbar spine, she walked with a limp. She was tender at the L4-L5 region and the sacroiliac joints. She had paravertebral region spasm, more on the right than the left. She had a decreased range of motion of the spine. She had a positive straight leg raising test on the right and a positive Braggard test. She had hypersensitivity of the right leg. In the cervical spine, the patient had pain from C2-C7. She has a positive compression test. She has facet tenderness. At the September 26, 2013 visit with [REDACTED], she reported her back pain as 5/10 but it increased to 8 at times. [REDACTED] notes that the patient had an MRI that showed a 3-4 mm bulge at L4-L5 with neuroforaminal narrowing. At issue is a request for durable medical equipment Orthotics, Lumbar and a referral to a pain management specialist which was denied for lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar orthotic durable medical equipment:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot (Acute and Chronic) Chapter, Orthotic Devices Section.

**Decision rationale:** At the September 26, 2013 visit with [REDACTED], she reported her back pain as 5/10 but it increased to 8 at times. [REDACTED] notes that the patient had an MRI that showed a 3-4 mm bulge at L4-L5 with neuroforaminal narrowing. This is a request for orthotics because the patient walks with a limp. A request was sent for clarification of the type of Orthotics requested by the treating physicians, but there was no documentation of thy response to this request. Ideally, orthotics are required for the foot, but the patient has a lumbar pathology. With regards to foot orthotics requested, the guidelines stated that foot orthotics are designed to evenly distribute pressure over the entire plantar surface of the foot, alleviate areas that may be sensitive or painful, accommodate/correct for deformities, and improve the overall alignment of the foot, ankle complex and lower limb. Categories of foot orthoses include accommodative, corrective, rigid, semi-rigid and soft. This is a request for orthotics because the patient walks with a limp. However, it appears that the limp is from her back pain and not from a primary foot or ankle problem. Orthotics are typically not recommended for low back pain. The request for lumbar orthotic durable medical equipment is not medically necessary or appropriate.

**A pain management evaluation:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), Consultation and referral Section, as well as the Official Disability Guidelines (ODG), Pain (Chronic) Chapter.

**Decision rationale:** In the treating physician medical report dated 9/26/2013, states: "Considering the MRI of the Lumbar Spine, there is a 3 to 4mm disc bulge with an annular tear. There is also Grade I spondylolisthesis of L4 on L5 with severe neuroforaminal narrowing. Plain films are recommended. I am, therefore, requesting a referral to pain management". However, according the UR note, it appears a pain management request was approved in July 2, 2013, and details of this evaluation was not provided for review. Therefore the request for Pain Management Consultation is not medically necessary. The evidence based guidelines recommend for follow up visits to be provided as long as they are determined to be medically necessary. However, a determination of the medical necessity for treatment cannot be determined without a treatment plan. The request for a pain management evaluation is not medically necessary or appropriate.

