

<b>Case Number:</b>	CM13-0061255		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/03/2000
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Physical Medicine and Rehabilitation and Pain Medicine 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 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 55-year-old or 56-year-old male (date of birth not provided) who reported an injury on 05/01/2000. The mechanism of injury was cumulative trauma related to the performance of job duties, and affected his lower back and left shoulder. His initial course of treatment is unclear; however, he received a laminectomy at L3-4 and L4-5 in 2000. The patient returned to employment after his surgery, although it was noted in the clinical records submitted that the patient has been experiencing a significant worsening of condition since 2012, to include increase in pain and decrease in function. The patient has been experiencing increased tripping and falling due to weakness of the right lower extremity, and there was significant muscle wasting on the right side on physical examination. In 07/2013, the patient was noted to have muscle strength at 4/5 to the right lower extremity with diminished sensation that progressed to a 3-5 by 11/2013. It was also noted in 11/2013 that the patient had abnormal wearing of the shoe on the right side and was dragging his foot. The patient was also noted to have a worsening posture and had lost approximately 2 to 3 inches in height with increased deconditioning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT LEG AFO WITH APPROPRIATE PADDING AND SUPPORTIVE CORRECTIONS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 340. Decision based on Non-MTUS Citation ODG Knee & Leg

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Functional Improvement.

**Decision rationale:** The Official Disability Guidelines indicate that the use of an ankle foot orthosis (AFO) can fall under the functional improvement measures and recommendations. This guideline states that functional improvement measures should be used over the course of treatment to demonstrate progress in returning to functionality and to justify further use of ongoing treatment methods. Categories included under functional improvement measures include walking, driving, keyboarding, lifting tolerance, pain scales, and return to work. As the patient is exhibiting difficulties in walking, as evidenced by his dragging of the right foot and unusual wear to the right shoe, it would be appropriate to provide him with a functional measure that would improve and limit progression of his current dysfunction. As the traditional method for treating foot drop is the use of an ankle/foot orthosis and the patient has shown progressively worsening symptoms, an AFO is an appropriate treatment at this time. As such, the request for right leg AFO with appropriate padding and supportive corrections is certified.

#### **HIGH FIELD 3T MRI OF THE LUMBOSACRAL SPINE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304 and 309. Decision based on Non-MTUS Citation ODG-TWC, Acute & Chronic Lumbar and Thoracic Spine Complaints (updated 10/09/13), MRIs (magnetic resonance imaging).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The Official Disability Guidelines do not routinely recommend repeat MRIs unless there is a significant change in symptoms and/or findings suggestive of a significant pathology. As the patient has exhibited a significant decrease in functioning, weakness, muscle wasting, and difficulty ambulating over a three to four (3-4) month period, it is appropriate that he receive a repeat imaging study at this time. Therefore, due to progressive worsening of symptoms, the request for high field 3T MRI of the lumbosacral spine is certified.