

<b>Case Number:</b>	CM13-0062999		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	12/03/2001
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Management, has a subspecialty in Interventional Spine 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 patient is at 62-year-old male with date of injury of 12/03/2001. The list of diagnoses per [REDACTED] from 08/27/2013 are: 1. Low back pain 2. Lumbar facet arthropathy 3. Lumbar disc protrusion at L4 - 5 and L5 - S14. Lumbar discogenic pain at L4 - 5 and L5 - S15. Left sacroiliac ligaments and left ilio-lumbar ligament and enthesopathy 6. Status post IDET annuloplasty at L4 - 5 and L5 - S1 on 01/19/20057. Thoracolumbar myofascial pain According to this report the patient complains of low back pain. He rates has pain 2/10 with his current medications. The patient started working at a woodworking business in August 2011 spending increased time walking and standing and notes new pain on the left forefoot. The patient has obtained orthotics from J [REDACTED] with improvement in the left forefoot pain. The physical examination shows gait testing and station was normal. Lumbar flexion and extension range of motion was normal but extreme extension provoked low back pain. Bilateral lateral flexion range of motion was decreased due to low back pain. Straight leg raise was normal. Patrick's test was normal. Moderate left sacroiliac ligaments and ilio-lumbar ligament tenderness was noted. No lumbar spine tenderness was noted. The utilization review denied the request on 11/27/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SHOW ORTHOTICS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Orthotic devices

**Decision rationale:** This patient presents with low back pain and a new onset left forefoot pain. The treating physician is requesting shoe orthotics to address the foot pain. The MTUS and ACOEM guidelines do not address this request. However, ODG guidelines on orthotic devices states that it is recommended for plantar fasciitis and forefoot pain in rheumatoid arthritis. ODG also states, "both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). Orthosis should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses and people who stand for more than 8 hours per day." The 08/27/2013 report notes that the patient obtained orthotics from [REDACTED] with improvement in the left forefoot pain. The treating physician does not provide any additional information other than forefoot pain. No diagnosis is provided and no examination. The patient does not appear to present with plantar fasciitis or rheumatoid arthritis for which shoe inserts/orthoses are recommended. The request is not medically necessary and appropriate.