

Case Number:	CM14-0006862		
Date Assigned:	02/07/2014	Date of Injury:	12/28/2009
Decision Date:	07/25/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/15/2014

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 Podiatry, 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 injured worker is a 39 year old male who reported an injury on 12/28/2009 due to an unspecified mechanism of injury. On 11/19/2013 he reported constant moderate dull, achy, sharp low back pain, as well as stiffness and weakness. Physical examination of the lumbar spine revealed trigger points of paraspinals and swelling present, slow and guarded gait, decreased/painful range of motion (extension 15/25, flexion 25/60, left lateral bending 20/25, and right lateral bending 20/25). There was plus 3 tenderness to palpation and muscle spasm of the lumbar paravertebral muscles. Also, he showed a positive Kemp's and Straight leg raise bilaterally. His diagnoses included lumbar disc protrusion, lumbar myospasm, lumbar pain, lumbar sprain/strain, elevated blood pressure and hypertension. Prior therapies included TENS unit, ice/heat packs, medications, and physical therapy. The treatment plan was for a podiatry consult. The rationale for custom functional orthotics to treat the work related injury to the lumbar spine and to correct altered biomechanics. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PODIATRY CONSULT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361-362.

Decision rationale: The request for a podiatry consult is medically necessary. The injured worker had reported low back pain rated at a 5/10. It was also noted that he had a slow antalgic gait. Podiatry deals with issues pertaining to the foot and ankle. The California MTUS/ACOEM guidelines state that if symptoms of the ankle and foot persist past four weeks, referral for specialty care may be indicated. The requesting physician stated that the rationale for a podiatry consult was for custom functional orthotics to treat the work related injury to the lumbar spine and to correct altered biomechanics. The injured worker was noted to have a slow, guarded, antalgic gait. The patient has significant back pain and associated symptoms which are exacerbated by sitting, standing, walking, driving, and bending. The patient could benefit from orthotics; therefore, a podiatry consultation would be indicated. Given the above, the request is medically necessary.