

Case Number:	CM14-0116984		
Date Assigned:	08/04/2014	Date of Injury:	10/09/2011
Decision Date:	10/03/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/24/2014

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 Internal 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 injured worker is a 51-year-old male who reported an injury on 10/09/2011. The mechanism of injury was not provided. On 06/18/2014, the injured worker presented with complaints of left sacroiliac joint pain. Upon examination, heel/toe was performed with difficulty secondary to low back pain and status post bilateral calcaneal open reduction internal fixation. Diffuse tenderness to palpation noted over the paravertebral musculature and mild facet tenderness. There was hyperlordotic upon visual inspection. There was a positive sacroiliac tenderness, faber/Patrick's, sacroiliac thrust test and Yeoman's test to the left. There was a positive left sided straight leg raise. The diagnoses were lumbar disc disease, left sacroiliac joint arthropathy and status bilateral calcaneal fracture open reduction/internal fixation. Prior therapy included physical therapy, chiropractic manipulative therapy, medication, rest, home exercise program, and surgery. The provider recommended a custom orthotic for the lumbar spine; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Custom Orthotics for the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.acoempracguides.org/LowBack-Table 2 -Summary of Recommendations - Low Back Disorders>

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 298-300..

Decision rationale: The request for Purchase of Custom Orthotics for the Lumbar Spine is not medically necessary. The California MTUS/ACOEM Guidelines state that evidence is insufficient to support using vertebral axial decompression for treating low back injuries and is not recommended. There is no medical indication that a custom orthotic for the lumbar spine would assist in the treatment for the injured worker. As such, medical necessity has not been established.