

Case Number:	CM14-0157866		
Date Assigned:	10/01/2014	Date of Injury:	02/22/1996
Decision Date:	11/21/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/26/2014

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 Emergency Medicine, and is licensed to practice in New York. 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 60-year-old male who was injured on February 22, 1996. The patient continued to experience low back pain. Physical examination was notable for decreased range of motion of the lumbar spine, decreased strength of the hip flexors bilaterally, and tenderness of the paralumbar muscles bilaterally. Diagnoses included lumbar spine herniated nucleus pulposus and bilateral lower extremity radiculitis. Treatment included physical therapy, epidural injections, home exercise program, medications, and lumbar brace. Request for authorization for bilateral foot insoles was submitted for consideration

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral foot insoles: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot, Heel pads

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-Lumbar & thoracic, Shoe insoles/shoe lifts

Decision rationale: Insoles are recommended as an option for patients with a significant leg length discrepancy or who stand for prolonged periods of time. Not recommended for prevention. Customized insoles or customized shoes are not recommended as a treatment for back pain. They may be helpful for patients with a significant leg length discrepancy (> 2-3cm) or with prolonged walking requirements. Shoe insoles (or inserts) are devices placed inside shoes that may vary from over-the-counter foam or rubber inserts to custom-made orthotics. In this case there is no documentation that the patient has a significant leg discrepancy or prolonged walking requirements. Medical necessity has not been established. The request is not medically necessary.