

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0167059 |                              |            |
| <b>Date Assigned:</b> | 10/14/2014   | <b>Date of Injury:</b>       | 01/16/2012 |
| <b>Decision Date:</b> | 11/17/2014   | <b>UR Denial Date:</b>       | 10/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/10/2014 |

### 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 Physical Medicine and Rehabilitation 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:

This 41 year-old patient sustained an injury on 1/16/12 from slipping on some tractor stairs while employed by [REDACTED]. Request(s) under consideration include shoe orthotics and MRI of the lumbar spine with contrast. Diagnoses include Lumbago/ lumbar DDD/ radiculitis/neuritis/ disc displacement; and long-term medication use. Medications list Anaprox, Thermacare, Ibuprofen, Omeprazole, and Hydrocodone/APAP. Reports of 7/14/14, 8/11/14, and 8/21/14 from the provider noted continued chronic low back pain, non-radiating and unchanged. The patient was doing well on medications with stomach upset controlled by Omeprazole then Nexium. Exam showed unchanged diffuse decreased lumbar range without any specific focal neurological deficits. Diagnoses were lumbago/ low back pain. Treatment included orthotics to reduce energy absorption in back pain with plan for repeating MRI of lumbar spine. The request(s) for shoe orthotics and MRI of the lumbar spine with contrast were non-certified on 10/2/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shoe orthotics:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, 371, 372, 370.

**Decision rationale:** Per ODG, orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with diagnoses of plantar fasciitis and metatarsalgia not evident here. Additionally, shoe modification may be an option in the conservative care for ankle fusion, non- or malunion of fracture, or traumatic arthritis with objective findings on imaging and clinical exam; however, no such diagnoses have been identified here. Submitted reports have not clearly demonstrated any of the above pertinent diagnoses nor shown remarkable clinical findings to support the orthotic request. The shoe orthotics are not medically necessary and appropriate.

**MRI of the lumbar spine with contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** Per ACOEM Treatment Guidelines for the Lower Back Disorders, Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, none identified here. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic injury have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine nor document any specific clinical findings of neurological deficits, progressive change, or acute red-flag findings to support this imaging study. The patient exhibits continued chronic low back pain with unchanged clinical findings. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the lumbar spine with contrast is not medically necessary and appropriate.