

Case Number:	CM14-0180466		
Date Assigned:	11/05/2014	Date of Injury:	11/06/2013
Decision Date:	12/10/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/30/2014

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 Occupational 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:

There were 94 pages provided for this review. The application for independent medical review was signed on this on October 28, 2014. It was a consult with pain management specialist for the cervical spine and custom orthotics. Per the records provided, the patient is described as a 46-year-old individual injured back in November. The patient had injuries due to repetitive duties at work. The mechanism of injury was not documented. The patient also has hypertension and is a non-smoker. Prior treatment included Norvasc, Celebrex and Motrin. The patient had chronic bilateral foot pain. The patient completed 12 sessions of physical therapy. A TENS unit did not provide significant relief. The patient was allergic to Bactrim and currently takes Tylenol. A urine toxicology report from November 21, 2013 was normal. An MRI from August 19, 2014 showed a type II acromion, mild supraspinatus tendinosis or tendinitis and no evidence of rotator cuff tear. The cervical spine MRI from August showed a partial loss of the lordotic curve and a C3-C4 posterior disc protrusion indenting the thecal sac. Overall the documentation did not indicate any uncertainty or complexity regarding the patient's diagnoses. The previous treatment modalities and outcomes were not provided. The results of the therapy were not given. There is no mention of a home program, weight reduction or conditioning. The patient has a diagnosis of Achilles tendinitis and plantar fasciitis. The record has not indicated the summarization of prior treatment modalities and outcomes. There was no discussion regarding physical therapy, home exercise, weight reduction, activity modification or shoe wear modification. There was no summarization of diagnostic studies and outcomes. The request for the custom orthotics was not medically necessary. The drug screen was felt to be medically necessary and appropriate. Tylenol number three was also felt to be medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult for possible cervical epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

Decision rationale: ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examiner's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examiner or patient. The signs for a cervical ESI are not apparent in the records provided. This request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not medically necessary.

Custom Orthotics: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG Ankle & Foot (updated 07/29/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

Decision rationale: The ACOEM guides, Chapter 14, dealing with the ankle, do support the notion of specially made shoes/orthotics for ankle instability or metatarsalgia: Rigid 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 plantar fasciitis and metatarsalgia. By the very nature of the foot orthotic, they must be custom to match the patient's foot. Therefore, Custom Orthotics is medically necessary.