

Case Number:	CM14-0182429		
Date Assigned:	11/07/2014	Date of Injury:	10/18/2012
Decision Date:	12/12/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/03/2014

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, has a subspecialty in Interventional Spine 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 patient is a 46 year old with an injury date on 10/18/12. Patient complains of persistent low lumbar pain rated 6/10, radiating to bilateral lower extremities per 9/24/14 report. Patient recently had a flare-up with pain radiating to right lower extremities, and he states repetitive activity aggravates his pain per 9/24/14 report. Based on the 9/24/14 progress report provided by [REDACTED] the diagnoses are: 1. clinically consistent lumbar radiculopathy 2. lumbar degenerative disc disease 3. sacroilitis 4. lumbar facetal pain Exam on 9/24/14 showed "Negative straight leg raise normal sensory exam. A stiff/antalgic gait was noted on right. Leg length discrepancy noted with left leg shorter." No range of motion testing was included in reports. Patient's treatment history includes medications (Etodolac was helpful), EMG/NCV showing no radiculopathy, L-spine MRI. [REDACTED] is requesting DME purchase 1/8 inch lift for left heel. The utilization review determination being challenged is dated 10/16/14. [REDACTED] is the requesting provider, and he provided treatment reports from 7/25/14 to 9/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Purchase 1/8 Inch Lift for Left Heel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, Ankle and Foot-Limb Length Temporary Adjustment Device

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter on Low Back Section; Shoe Insoles / Shoe Lifts

Decision rationale: This patient presents with lower back pain, and pain in bilateral lower extremities. The provider has asked for DME Purchase 1/8 Inch Lift for left heel "for leg length discrepancy" on 9/24/14. Regarding shoe insoles/shoe lifts, ODG recommends 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. (Chuter, 2014) This Cochrane review concluded that there is strong evidence that insoles are not effective for the prevention of back pain, but the current evidence on insoles as treatment for low-back pain does not allow any conclusions. (Sahar-Cochrane, 2007) (Sahar, 2009) They may be helpful for patients with a significant leg length discrepancy (less than 2-3cm) or with prolonged walking requirements. In this case, the patient has a documented leg length discrepancy noted in physical exam, but the difference is only 1/8th of an inch, far short of 2-3 cm (around 1 inch) required by ODG guidelines. Therefore, this request is not medically necessary.