MAXIMUS Federal Services

| Case Number: | CM14-0027465 | | |
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| Date Assigned: | 06/13/2014 | Date of Injury: | 01/06/2011 |
| Decision Date: | 07/16/2014 | UR Denial Date: | 02/21/2014 |
| Priority: | Standard | Application Received: | 03/04/2014 |

## 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 licensed in Podiatrist 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 61 year old male who reported an injury on 01/06/2011 due to a fall. The injured worker states he has pain 100% of the time. The injured worker complained of bilateral leg numbness and low back pain. He is in a wheelchair. Also had complaints of burning sensation in the bottoms of both feet. Physical examination on 01/31/2014 revealed moderate discomfort with palpation of the mid lumbar spine. The injured worker was to be referred for a podiatric evaluation from pain management. Examination on 02/15/2014 revealed the injured worker had past treatments of hospital bed rest, L3-S1 posterior spinal fusion, chiropractic therapy, acupuncture, nerve blocks, traction, physical therapy, TENS unit and exercise with no relief of pain and no mention of foot problems. Examination of the feet revealed normal peripheral vascular assessment. No evidence of clubbing, cyanosis, or edema. Pulses are equal and symmetric. There is no skin break down or areas of erythema. Current medications were morphine, Vicodin, gabedon, clozapine, and fortine. The treatment plan was a referral to a podiatrist for bilateral burning of feet. The request for authorization form was submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**PODIATRY CONSULT FOR BACK PROBLEM AFFECTING THE FEET QUANTITY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, PAGES 92, 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

**Decision rationale:** The request for podiatry consult for back problem affecting the feet quantity 1 is not medically necessary. The examination on 02/05/2014 revealed normal pulses, no edema, no clubbing, no skin break down or erythema. The California Medical Treatment Utilization Schedule states the physician begins with an assessment of the presenting complaint and a determination as to whether there is a red flag for potentially serious condition which would trigger an immediate intervention. Upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The injured worker was not complaining of bilateral burning of the feet at his 02/05/2014 examination which revealed no red flags. Therefore the request is not medically necessary.