

Case Number:	CM14-0035406		
Date Assigned:	06/23/2014	Date of Injury:	06/07/2013
Decision Date:	07/30/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/21/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 7, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and a lumbar support. In a Utilization Review Report dated March 3, 2014, the claims administrator denied a request for orthotics, citing Chapter 14 ACOEM Guidelines and non-MTUS ODG Guidelines. The claims administrator did not incorporate cited guidelines into its rationale and further suggested that guidelines stated that there was no evidence of efficacy for shoe orthotics in the treatment of low back pain, the issue reportedly present here. The claims administrator, then, seemingly employed guidelines, which were not cited. In a progress note dated February 21, 2014, the applicant was described as having persistent complaints of low back pain. The applicant was placed off of work, on total temporary disability. The applicant was given a primary diagnosis of degenerative disc disease of the lumbar spine. The applicant was asked to employ a lumbar corset and consider epidural steroid injection therapy. On January 14, 2014, the applicant reported persistent complaints of low back pain radiating to the legs along with fatigue toward the end of workdays. The applicant was returned to regular duty work on this occasion and asked to employ stretching exercise. In a medicolegal evaluation of January 21, 2014, it was again stated that the applicant had persistent complaints of low back pain. The applicant was described as a mechanic. The applicant's job demands included heavy lifting up to 150 pounds, frequent and repetitive bending, twisting, stooping, and squatting.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pair of orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot/Ankle.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the Third Edition ACOEM Guidelines Low Back Chapter, orthotics are not recommended for a primary low back pain issue in the absence of evidence of a significant leg length discrepancy and/or evidence that an applicant has prolonged walking requirements on the job. In this case, however, there is no evidence that the applicant has a significant leg length discrepancy. There is no mention of the applicant having job requirements as a mechanic which require prolonged walking. Rather, the applicant has suggested that his job involves prolonged work from static positions. It is further noted that the requesting provider has not furnished any compelling applicant-specific narrative rationale, commentary, or progress note which would offset or augment the tepid to unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.