

Case Number:	CM14-0048122		
Date Assigned:	07/07/2014	Date of Injury:	12/05/2013
Decision Date:	08/14/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/16/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 58 year old male who reported an injury to his low back on 12/05/13. The x-rays of the lumbar region dated 12/10/13 revealed mild degenerative osteophytic spurring. No fractures or subluxations had been identified. The clinical note dated 12/18/13 indicates the injured worker had been moving a pallet resulting in low back injuries. The injured worker also reported left elbow and left wrist pain as well. The clinical note dated 02/25/14 indicates the injured worker being able to demonstrate 15 degrees of lumbar extension, 40 degrees of flexion, and 20 degrees of bilateral lateral bending. Tenderness was identified upon palpation throughout the lumbar paravertebral musculature. The injured worker was identified as having a positive Kemp's sign bilaterally. The injured worker also was reported to have a positive straight leg raise. X-rays of the lumbar spine dated 02/06/14 indicates the injured worker showing an anterior spondylosis at L2-3. No other abnormalities were identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doctor Podiatric Medicine (DPM) Consultation: 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):Treatment Index, 11th Edition (web), 2013, Ankle and Foot Chapter. Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 163.

Decision rationale: The documentation indicates the injured worker complaining of low back, left elbow, and left wrist pain. No information was submitted regarding the injured worker's functional deficits associated with the injured worker's lower extremities. Therefore, it is unclear as to the need for a podiatric consultation. Therefore, this request is not indicated as medically necessary.