

<b>Case Number:</b>	CM14-0048150		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/24/2011
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Emergency 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:

Patient was reported date of injury on 3/24/2011. No mechanism of injury was provided for review. Patient has a diagnosis of cervical myalgia, thoracic myospasms, lumbar pain, L5-S1 radiculopathy with extremity weakness, lumbar disc protrusion and is post lumbar fusion(date of surgery provided). Medical records reviewed. Last report was available until 3/13/14. Patient complains of L sciatic leg pain. Pain is extreme and was worsened due to a fall onto L hip. Patient also complains of Left leg weakness and numbness. Pain is Left hip, Left buttock and calf. Using a walker for ambulation. Pain worsened with putting pressure on the affected leg. Objective exam reveals patient in distress due to pain. No lumbar spine deformities or pain. Some guarding noted during exam. Full strength was in Right leg. Left leg exam reveals 4/5 strength in iliopsoas, quadriceps and tibial muscle groups. Lumbar X-rays (3/13/14) reveals L4-S1 with stable fusion with solid posterior and inter body fusion. L3-4 was with junctional kyphosis and lordosis and 80% loss of height. Progression of deformity compared to 7/13 X-ray. No recent MRIs, advance imaging or Electrodiagnostic reports were provided for review. Only MRI reports provided were pre-surgery and are not relevant to this review. No recent medication list was provided. Patient has had prior physical therapy, chiropractic and medications. As per note on 3/13/14, the request for podiatry is for assessment for orthotics. Independent Medical Review is for Podiatrist consultation. Prior UR on 3/24/14 recommends non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with Podiatrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-372 & 376. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-371.

**Decision rationale:** As per notes since the consult to podiatry is for orthotics, the decision for appropriateness of consultation will be based on MTUS guidelines for orthotics. As per ACOEM Guidelines, orthotics is recommended for metatarsalgia and plantar fasciitis. Patient does not have exam consistent with either diagnosis or an exam consistent with these diagnoses. Orthotics is not medically necessary therefore consultation with podiatrist is not medically necessary.