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| Case Number: | CM14-0049171 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 12/09/2012 |
| Decision Date: | 09/08/2014 | UR Denial Date: | 03/17/2014 |
| Priority: | Standard | Application Received: | 04/17/2014 |

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 injured worker is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic neck pain, chronic low back pain, dizziness, headaches, psychological stress, and weight loss reportedly associated with an industrial injury of December 9, 2012. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representation; various interventional spine procedures; transfer of care to and from various providers in various specialties; topical compounds; and unspecified amounts of chiropractic therapy. In a Utilization Review Report dated March 18, 2014, the claims administrator denied orthotics, an immobilization boot, and injections under ultrasound guidance. The claims administrator denied the boot and casting on the grounds that the attending provider had failed to document what conservative treatments had transpired to date. The claims administrator also denied the orthotics on the grounds that the injured worker may or may not have had earlier orthotics. The claims administrator stated that the injured worker did not carry a diagnosis of myofascial syndrome, which would support the injections in question. The injured worker's attorney subsequently appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: ACOEM Guidelines do support provision of orthotics for low back pain in injured workers with a significant leg length discrepancy and/or injured workers whose jobs involve prolonged standing and/or walking. In this case however, the injured worker is off of work. The injured worker does not have prolonged standing and/or walking requirements on the job as the injured worker is no longer working as a certified nursing assistant. There was no documented evidence of a limb length discrepancy present here. Orthotics, per ACOEM Guidelines, are not recommended for chronic nonspecific low back pain. Therefore, the request is not medically necessary.

Unna boot, strapping, casting: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 301; 371.

Decision rationale: ACOEM Guidelines state that making every attempt to maintain an injured worker at maximum levels of activity, including work activities is recommended for injured workers with primary low back pain complaints. Guidelines further emphasize the importance of maximizing activities once red flags have been ruled out, and stress the importance of gradual return to usual and customary weightbearing. In this case, neither the injured worker's podiatrist nor the injured worker's primary treating provider have outlined the presence of any specific condition or conditions which would require immobilization via the boot, strapping, and/or casting. The injured worker's primary diagnosis of chronic low back pain is not a condition that would require prolonged immobilization via strapping, casting, booting, etc. Therefore, the request is not medically necessary.

Injections under ultrasound guidance and others (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: Based on the information available, including the UR report, it appears that the injection in question represents a request for trigger point injection therapy. However, as noted in the Chronic Pain Medical Treatment Guidelines, trigger point injections are not recommended for the treatment of radicular pain, as is present here. The injured worker has received multiple epidural steroid injections and facet joint blocks. Trigger point injections do not appear to be indicated in the treatment of the injured worker's chronic nonspecific low back pain and/or radicular low back pain. Therefore, the request is not medically necessary.

