

Case Number:	CM14-0072543		
Date Assigned:	07/16/2014	Date of Injury:	08/07/2000
Decision Date:	09/22/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/19/2014

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] who has filed a claim for chronic low back and mid back pain reportedly associated with an industrial injury of August 7, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy; anxiolytic agents; an orthopedic mattress; unspecified amounts of acupuncture; and extensive periods of time off of work. In a Utilization Review Report dated August 21, 2014, the claims administrator apparently denied a request for shoe inserts and/or shoes. In an April 11, 2014 progress note, the applicant presented with persistent complaints of low back pain radiating to the bilateral lower extremities. The applicant exhibited a visibly antalgic gait. The applicant was apparently trying to replace his 10- year-old mattress. The applicant was on Naprosyn, Norco, Dendracin, Soma, and Doral, it was stated. The applicant exhibited a visibly antalgic gait, it was stated, with tenderness and limited range of motion about the lumbar spine. The applicant had electrodiagnostic corroboration of radiculopathy, it was stated. A neurosurgery consultation was endorsed. Various medications were refilled. Trigger point injection therapy was endorsed. On August 21, 2007, it was stated that the applicant had chronic bilateral foot pain, flatfeet, and a painful gait. Orthotics was apparently endorsed at that point in time, but did not appear to have been authorized. Multiple more recent notes, including those dated November 11, 2013, December 9, 2013, January 3, 2014, January 24, 2014, January 31, 2014, February 20, 2014, and March 19, 2014 were reviewed. On these notes, the applicant was consistently described as having low back pain radiating to the legs. There was no mention of any issues with standalone foot pain. It appeared that the orthotics and shoes in question were being endorsed for the

applicant's low back condition. The applicant apparently was casted for orthotics on January 17, 2006. In a December 729, 2004 progress note, it was suggested that the applicant receive orthotics to try and correct and remedy his low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

OTS Shoes Insert Orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chapter 12 Low Back Complaints Page(s): foot and ankle, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Shoe Insoles and Shoe Lifts.

Decision rationale: The MTUS does not address the topic of orthotics for a primary low back pain issue. However, as noted in the Third Edition ACOEM Guidelines Low Back Chapter Orthotics section, shoe insoles, shoe lifts, and/or orthotics are not recommended for treatment of chronic low back pain or radicular pain syndromes other than in circumstances of leg-length discrepancy over 2 cm. In this case, however, the applicant does not have any documented leg-length discrepancy of greater than 2 cm. Similarly, while ACOEM does support provision of orthotics for applicants with chronic low back pain with prolonged walking requirements, in this case, however, the applicant does not appear to be working. There is no mention of the applicant's having any prolonged walking requirements, either at work or at home. No compelling case and/or applicant-specific rationale were attached to the request for the OTS shoe orthotics in question. Therefore, the request is not medically necessary.