

Case Number:	CM14-0075267		
Date Assigned:	07/16/2014	Date of Injury:	12/09/2012
Decision Date:	09/19/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/21/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 42-year-old gentleman was reportedly injured on December 9, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 7, 2014, indicates that there are ongoing complaints of neck pain and lower back pain. The back pain is stated to radiate to the right lower extremity. Current medications include Ultram ER, Cyclobenzaprine, Naproxen, and Omeprazole. The physical examination demonstrated a decreased left sided biceps reflex and an otherwise normal upper extremity neurological examination. There was tenderness of the cervical spine paraspinal muscles on the left side. The physical examination of the lumbar spine noted a positive Kemp's test and a positive bilateral straight leg raise test. There was tenderness of the lumbar spine paraspinal muscles as well as the facet joints greatest on the right side. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a lumbar spine epidural steroid injection, chiropractic care, physical therapy, and acupuncture. A request had been made for gait training and custom molded orthotics, Unna boot strapping, casting, and ultrasound guided injections and was found to be not medically necessary in the pre-authorization process on May 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gait Training, per 4/4/14 RFA form: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints,Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: The progress note dated April 7, 2014, does not indicate that the injured employee has any difficulty with ambulation or the presence of an antalgic gait. Considering this, this request for gait training is not medically necessary.

Gait Training, per 2/7/14 RFA form: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints,Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: The progress note dated April 7, 2014, does not indicate that the injured employee has any difficulty with ambulation or the presence of an antalgic gait. Considering this, this request for gait training is not medically necessary.

Custom-Molded Functional orthotics, UNNA boot, strapping, casting and injections under ultrasound guidance and others, per 2/7/14 RFA: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371,Chronic Pain Treatment Guidelines Trigger Point Injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter- Semi-rigid ankle support, Cast (immobilization).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot, Orthotics, Updated July 29, 2014.

Decision rationale: According to the progress note dated April 7, 2014, the injured employee has no complaints of lower extremity pain or a disability that would require functional orthotics, and Unna boot, strapping, casting, and injections under ultrasound guidance. Therefore this request is not medically necessary.