

Case Number:	CM14-0075919		
Date Assigned:	07/16/2014	Date of Injury:	12/09/2012
Decision Date:	08/18/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/23/2014

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:

This is a 42 year-old male who has reported neck, back, and lower extremity pain after an injury on 12/9/2012. Diagnoses include cervical spasms, cervical musculoligamentous injury, cervical radiculopathy, lumbar disc protrusion, lumbar radiculopathy, sleep disorder, and chronic pain. Treatment has included referral to and from various specialists, oral and topical medications, chiropractic, spinal injections, physical therapy, unconventional electrical therapies, and orthotics. A podiatrist saw the injured worker initially on 1/3/14. At that visit, the injured worker was reported to have radiating pain from the low back causing bilateral extremity pain and instability. Positive physical findings included non-specific antalgic gait, non-specific and diffuse tenderness, and non-specific and diffuse altered sensation. There was no specific diagnosis for the lower extremity pain other than neuritis/radiculitis. Orthotics was prescribed to treat back pain, aligning the ankle joint, and stabilizing the gait. There was no mention of any of the items now under Independent Medical Review. The follow-up podiatric visit on 2/7/14 made no mention of the items now under Independent Medical Review. On 4/24/14 a Utilization Review did not grant the items now under Independent Medical Review, noting the lack of sufficient indications or guidelines to support these requests. That Utilization Review referred to a podiatric report of 4/4/14, a report not made available with this Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unna boot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle and Foot Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate, Compression therapy for the treatment of chronic venous insufficiency.

Decision rationale: The MTUS does not provide direction for the use of an Unna boot. There are no reports from the prescribing physician, which describe the indication for this modality. The available reports from the prescribing physician provide no indication for this modality, do not discuss it at all, and provide no evidence for specific lesions in the lower extremities; the stated pathology is said to be radicular in origin, and radicular pain is not an indication for an Unna boot. Although the most relevant guideline cannot be determined due to the lack of any specific indications in the records, a sample guideline is cited above, for the most typical indication, that of chronic venous insufficiency. The treating physician has provided no evidence of this condition or any other for which an Unna boot might be indicated. The Unna boot is therefore not medically necessary.

Strapping: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS does not provide direction for the use of strapping boots but does list several conditions for which relative or full immobilization of the foot and ankle might be indicated. There are no reports from the prescribing physician, which describe the indication for this modality. The available reports from the prescribing physician provide no indication for this modality, do not discuss it at all, and provide no evidence for specific lesions in the lower extremities; the stated pathology is said to be radicular in origin, and radicular pain is not an indication for strapping of an extremity. Although the most relevant guideline cannot be determined due to the lack of any specific indications in the records, the MTUS for the Foot and Ankle is cited above, for the most typical conditions that might be indications for strapping or splinting. These conditions include local sprain, fasciitis, fracture, and tendinitis. The treating physician has provided no evidence of these conditions or any other for which strapping might be indicated. The strapping is therefore not medically necessary.

Casting: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS lists several conditions for which full immobilization of the foot and ankle might be indicated. These conditions include severe sprain, tendinitis, and fracture. There are no reports from the prescribing physician, which describe the indication for this modality. The available reports from the prescribing physician provide no indication for this modality, do not discuss it at all, and provide no evidence for specific lesions in the lower extremities; the stated pathology is said to be radicular in origin, and radicular pain is not an indication for casting. Although the most relevant guideline cannot be determined due to the lack of any specific indications in the records, the MTUS for the Foot and Ankle is cited above, for the most typical conditions that might be indications for strapping or splinting. The treating physician has provided no evidence of conditions for which casting might be indicated. The casting is therefore not medically necessary.

Injections under ultrasound guidance and others: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: The MTUS lists several conditions for which injections, with or without ultrasound, of the foot and ankle might be indicated. These conditions include heel spur, fasciitis, and neuroma. There are no reports from the prescribing physician, which describe the indication for this modality. The available reports from the prescribing physician provide no indication for this modality, do not discuss it at all, and provide no evidence for specific lesions in the lower extremities; the stated pathology is said to be radicular in origin, and radicular pain is not an indication for foot or ankle injections. Although the most relevant guideline cannot be determined due to the lack of any specific indications in the records, the MTUS for the Foot and Ankle is cited above, for the most typical conditions that might be indications for injections. The treating physician has provided no evidence of conditions for which injections might be indicated. The injections, with or without ultrasound, are therefore not medically necessary.