

Case Number:	CM14-0085462		
Date Assigned:	09/03/2014	Date of Injury:	05/13/2012
Decision Date:	12/31/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/09/2014

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 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 34-year-old female who sustained an injury on 5/13/12. As per the 2/13/14 report, she presented with complaints of intermittent moderate sharp low back pain, numbness and tingling, associated with movement, prolonged sitting and prolonged walking. Exam revealed +3 tenderness to palpation of the lumbar paravertebral muscles and spinous processes with muscle spasm of the lumbar paravertebral muscles and positive Bechterew's. As per the PR2 dated 2/10/14, objective findings revealed decreased and painful ROM of the L-spine. L-spine MRI dated 6/10/13 revealed dehiscence of the nucleus pulposus with a 2-mm posterior disc bulge indenting the anterior portion of the lumbosacral sac at L5-S1 with mild bony hypertrophy of the articular facets and mild bilateral thickening of the ligamentum flavum. As per the 2/13/14 PR2, ibuprofen, Protonix, Fexmid, Tramadol and Ambien were documented as medications but it is not clear from the available documents if she is currently taking them. As per the 1/10/14 report, she was taking Motrin, Advil and Aleve at that time. Previous treatments have included acupuncture, chiropractic therapy and physical therapy to the L-spine. TPII of the L-spine dated 2/20/14 identified and precisely localized 10 clinically relevant trigger points and on the same day she underwent LINT. She had an initial Podiatry evaluation on 1/10/14 and as per the report of this visit, her gait was thoroughly examined and she did compensate the gait by putting all the pressure on the right side without use of any assistive device and it was felt that functional orthotics would be of benefit to her to decrease pronation, realign the ankle joint, stabilize gait, and reduce her low back pain. Diagnoses include lumbar musculoligamentous Injury, lumbar myospasm, lumbar pain, lumbar radiculopathy, and insomnia and sleep disorder. The request for Podiatry follow up visit, custom molded functional orthotics, Unna boot, strapping, and Casting and injections under ultrasound guidance for the lumbar spine was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Podiatry follow up visit for the lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Independent Medical Evaluation and Consultation, Chapter 7, page 127

Decision rationale: As per CA MTUS / ACOEM guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Further guidelines indicate consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the provider has requested pain management follow ups. In this case, the injured worker is noted to have low back, lumbar muscle spasm and symptoms of radiculopathy which all can explain her gait dysfunction. In contrast there is no documentation of any foot/ankle pathology to justify Podiatry evaluation. Therefore, the medical necessity of the request for podiatry follow up cannot be established per guidelines and based on available information.

Strapping for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Ankle and Foot, walking aids

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

Decision rationale: The submitted information is limited and it is not clear as to how lumbar degenerative disc disease is related to foot pronation or malalignment of the ankle. Furthermore, there is little to no explanation of the mechanism of strapping for lumbar spine by which it would help the back problems. Moreover, the request is not a recommendation of CA MTUS or ACOEM or ODG. Therefore, the request is not medically necessary.

Casting and injections under ultrasound guidance for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines ESI Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

Decision rationale: The type and site of injection is not specified and is vague. It is not clear as to why ultrasound guidance is needed. Furthermore, there is little information is provided about casting; i.e. site and indication for low back pain. Therefore, the medical necessity of the request is not established.