

Case Number:	CM14-0138101		
Date Assigned:	09/05/2014	Date of Injury:	11/16/2012
Decision Date:	01/28/2015	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/26/2014

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 Family Practice and is licensed to practice in Florida. 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 (IW) is a 34-year-old right hand dominant worker who sustained a work-related injury on 11/16/2012 that resulted in injury to the back, neck and shoulders. In the 04/18/2014 exam, the IW's subjective complaints include constant moderate dull, achy, sharp neck pain aggravated by looking up and looking down, and low back pain of the same character and frequency that is aggravated by standing and walking. There is subjective complaint of intermittent moderate dull, achy sharp left and right shoulder pain associated with overhead reaching. The IW complains of loss of sleep due to pain, and suffers from depression, anxiety and irritability. Objectively the cervical spine is tender to palpation, has decreased and painful range of motion, and has muscle spasm of the cervical paravertebral muscles. Cervical compression is positive, and shoulder depression is positive bilaterally. The lumbar spine has decreased and painful range of motion with tenderness to palpation of the lumbar paravertebral muscles is present. Cervical Compression and shoulder depression is positive bilaterally. On the lumbar spine, the range of motion is decreased and painful. There is tenderness to palpation of the paravertebral muscles, and muscle spasm is present. Kemp's is positive and sitting straight leg raise is positive bilaterally. Right shoulder has decreased and painful range of motion with tenderness to palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder, posterior shoulder and supraspinatus. Supraspinatus press is positive on both the left and right shoulder. Diagnosis include: cervical myospasm, cervical radiculopathy, cervical sprain/strain, rule out cervical disc protrusion, lumbar myospasm, lumbar pain, lumbar radiculopathy, right shoulder impingement syndrome, right shoulder pain, right shoulder sprain/strain, left shoulder impingement syndrome, left shoulder pain, left shoulder sprain/strain, disruptions of 24 hour sleep-wake cycle, loss of sleep, sleep disturbance, depression, irritability, and nervousness. No surgical history is provided, nor are diagnostic studies and reports of any other therapies. Per the

Request for Authorization (ROA) dated 07/02/2014, the IW was being referred to a podiatrist for pain in the low back and custom orthotics to correct altered biomechanics. After reviewing the request and submitted documentation, the Utilization Review (UR) issued a letter on 07/18/2014 with the decision to non-certify the request for Referral to Podiatrist (lumbar spine) based on lack of documentation of subjective or objective findings of altered biomechanics and cited CA-MTUS (California Medical Treatment Utilization Schedule) Chronic pain page 1. The IW made separate applications for independent medical review for the Referral to Podiatrist (lumbar spine), custom Orthotics to correct altered biomechanics, and a retro request for a MRI. The Referral to Podiatrist (lumbar spine) is being reviewed in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Podiatrist (Lumbar Spine): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Occupational Practice Medicine Guidelines Page(s): 2-3. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004,) Chapter 7 Independent Medical Examinations and Consultations, page(s) 127

Decision rationale: The utilization review physician did not certify a request for referral to a Podiatrist in this case due to "lack of documentation of subjective or objective findings of altered biomechanics." Despite this assertion, it is clearly stated under the lower extremity exam/Podiatric examination section of the 11/16/2012 comprehensive Podiatric consultation report that this patient has a Pes planus deformity noted bilaterally with everted heels. A weight-bearing exam revealed an antalgic gait. She was also noted to have hyperpronation along with everted heels. The recommendation of the Podiatrist on this 2012 consultation note was for the patient to be provided with Orthotics "to help decrease pronation, take the pressure off the plantar fascia, realign the patient's ankle joint, and release the patient's lower extremity pain and low back pain." The primary treating physician is requesting a repeat Podiatry consultation as of 7/2014 to evaluate the patient for pain in the low back and custom orthotics to correct altered biomechanics. This request is reasonable in light of the patient's documented Podiatric problems, and is supported by California MTUS guidelines and ACOEM guidelines. The California MTUS guidelines state, "Referral is indicated in cases where the health care provider has a lack of training in managing the specific entity, is uncertain about the diagnosis or treatment plan, or red flags are present. If significant symptoms causing self-limitations or restrictions persist beyond 4-6 weeks, referral for specialty evaluation (e.g., occupational medicine, physical medicine and rehabilitation, or orthopedic surgery) may be indicated to assist in the confirmation of the provisional diagnosis and to define further clinical management." Similarly, ACOEM Occupational medicine guidelines also state, "A 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. A referral may be for consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of

medical stability, and permanent residual loss and/or the examinee's fitness to return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment for an examinee or patient." On review of both sets of guidelines in relationship to this patient's case, there is nothing prohibitory in these guidelines to deny the requesting physician consultation with a Podiatrist. Therefore, this request for a Referral to Podiatrist (Lumbar Spine) is considered medically necessary.