

Case Number:	CM14-0194464		
Date Assigned:	12/02/2014	Date of Injury:	04/10/2012
Decision Date:	01/14/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/20/2014

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 a licensed Doctor of Podiatric Medicine and is licensed to practice in New York. 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 40 year old male sustained a work related injury on 4/10/2012. According to the Utilization Review, the mechanism of injury was reported to be injury from slipping and falling at work. The current diagnoses are status post posterior lumbar fusion at L5-S1 (7/22/2014) and multiple herniated nucleus pulposus of the cervical spine. According to the progress report dated 10/29/2014, the injured workers chief complaints were neck and back pain. He rates his neck pain 3/10 and his back at a 6/10. He is having pins and needles pain in his left hand. Symptoms are aggravated by looking up or tilting his head back. Additionally, he reports stabbing and cramping pain across his low back with radiation of pain and numbness down left leg to calf. He has occasional spasms in his low back that can be severe, along with a stabbing pain in his left buttocks. His activity level is limited due to pain. The physical examination of the lumbar spine revealed an intact surgical site. He has decreased sensation in the left L4-L5 dermatomes. His gait is antalgic and he does use a cane. On this date, the treating physician prescribed follow up office visit with podiatry, which is now under review. The follow up visit was prescribed specifically for left foot and ankle complaints. In addition to the follow up office visit with podiatry, the treatment plan included post-operative chiropractic treatments, Percocet, Flexeril, Tramadol, and ongoing follow-ups with a pain psychologist. When the follow up office visit with podiatry was prescribed work status was temporarily totally disabled times four weeks while recovering from surgery. On 11/12/2014, Utilization Review had non-certified a prescription for follow up office visit with podiatry. The follow up office visit with podiatry was non-certified based on no documentation indicating an issue with the foot or reason for a podiatrist. The California MTUS ACOEM Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up office with podiatrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM OMPG (Second Edition, 2004) Chapter 7 Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361-362. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for a follow-up office visit with a podiatrist is not medically reasonable or necessary according to the guidelines for this patient at this time. After review of the enclosed progress notes there does not appear to be documentation of "red flag" findings concerning this patient's foot that would necessitate a visit with a podiatrist. It certainly appears that most if not all of this patient's pathology stems from their back injury. Chapter 7 of the MTUS guidelines states that the occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex. There does not appear to be documentation that this foot pathology is either of the aforementioned. Chapter 14 of the MTUS guidelines states that in the absence of red flags, work related foot and ankle complaints can be safely and effectively managed by occupational or primary care providers. The request is not medically necessary.