

Case Number:	CM14-0210933		
Date Assigned:	12/23/2014	Date of Injury:	09/14/1996
Decision Date:	02/13/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/16/2014

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 North Carolina. 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 patient is a 58-year-old with a reported injury date of 09/14/1998. The patient has the diagnoses of low back pain, discogenic low back pain and degenerative joint disease of the lumbosacral spine. Per the progress notes from the primary treating physician dated 11/11/2014, the patient had complaints of pain in the middle of the low back with radiation to the toes and plantar surfaces of the feet. The physical exam noted restricted range of motion due to pain and 3-4/5 strength due to pain. Specific muscle groups or areas of restricted range of motion are not mentioned. Treatment plan recommendations included medication modifications and orthopedic shoes for neuropathic foot pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of orthopedic shoes, as an outpatient for low back pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's The pharmacological Basis of Therapeutics, 12th Ed. McGraw Hill, 2010; Physicians Desk Reference, 68th Ed.; www.rxlist.com, www.online.epocrates.com, www.agencymeddirections.ws.gov.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: The ACOEM chapter on ankle and foot complaints states the following concerning rigid orthotics: - Rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. The patient does not have the diagnoses of plantar fasciitis or metatarsalgia. The use of rigid orthotics is not recommended for other causes of foot pain per the ACOEM. The ACOEM chapter on low back complaints also does not list the use of rigid foot orthotics in the treatment of low back pain or radiculitis. Therefore the request is not medically necessary.