

Case Number:	CM15-0142392		
Date Assigned:	08/03/2015	Date of Injury:	08/27/2013
Decision Date:	08/31/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/22/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 56-year-old male, who sustained an industrial injury on 8-27-2013. He reported fell from a ladder that collapsed beneath him resulting in a low back injury. Diagnoses include lumbar disc protrusion with neural encroachment and radiculopathy, lumbar compression fracture and left ankle fracture. Treatments to date include activity modification, medication therapy, physical therapy, and shockwave treatments. Currently, he complained of ongoing pain in the low back and bilateral feet and ankles. On 6-24-15, the physical examination documented lumbar tenderness and multiple trigger points. There was not change documented for the examination of the feet and ankles. The plan of care included request to authorize a consult with podiatrist to discuss option of orthotics and possible orthopedic shoes and twelve acupuncture treatments, two times a week for six weeks to treat the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with Podiatrist to Discuss Option of Orthotics and Possible Orthopedic Shoes:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004) Chapter 7 page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, page 1, Part 1: Introduction Page(s): 1.

Decision rationale: The requested Consult with Podiatrist to Discuss Option of Orthotics and Possible Orthopedic Shoes, is not medically necessary. CA MTUS, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has ongoing pain in the low back and bilateral feet and ankles. On 6-24-15, the physical examination documented lumbar tenderness and multiple trigger points. There was not change documented for the examination of the feet and ankles. The treating physician has not diagnosed plantar fasciitis or metatarsalgia. The criteria noted above not having been met, Consult with Podiatrist to Discuss Option of Orthotics and Possible Orthopedic Shoes is not medically necessary.

Acupuncture x12: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested Acupuncture x12 is not medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture "may be used as an adjunct to physical rehabilitation." The injured worker has ongoing pain in the low back and bilateral feet and ankles. On 6-24-15, the physical examination documented lumbar tenderness and multiple trigger points. There was not change documented for the examination of the feet and ankles. The treating physician has not documented the medical necessity for acupuncture sessions beyond a trial of 4-6 sessions and then re-evaluation. The criteria noted above not having been met, Acupuncture x12 is not medically necessary.