

Case Number:	CM15-0168294		
Date Assigned:	09/09/2015	Date of Injury:	05/23/1997
Decision Date:	10/15/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/26/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 62-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 23, 1997. In a Utilization Review report dated August 18, 2015, the claims administrator failed to approve a request for bilateral shoe inserts to help with posture and/or ease low back pain. The claims administrator referenced an RFA form received on August 11, 2015 and an associated progress note of July 24, 2015 in its determination. The claims administrator did not seemingly incorporate any guidelines into its rationale. The applicant's attorney subsequently appealed. On June 6, 2015 it was acknowledged that the applicant was off of work, was "permanently totally disabled from any work," and was receiving both Social Security Disability Insurance (SSDI) benefits in addition to Worker's Compensation Indemnity Benefits. Bilateral shoe inserts were sought to ease the applicant's low back pain complaints. Norco, Prilosec, and Motrin were renewed. On July 24, 2015, the attending provider reiterated his request for bilateral shoe inserts and again noted that the applicant was permanently totally disabled. The applicant was receiving Worker's Compensation Indemnity Benefits and Social Security Disability Insurance benefits (SSDI), it was reported. The applicant exhibited a slow gait. There is no mention of the applicant's having any leg-length discrepancy on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Shoe Inserts, help with posture to ease lower back pain, Qty 2, outpatient: 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 ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 521-5222. Recommendation: Shoe Insoles and Lifts for Treatment of Subacute or Chronic Low Back Pain.

Decision rationale: No, the request for bilateral shoe inserts to ease the applicant's low back pain was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of shoe inserts or orthotics for applicants with primary complaints of low back pain, as were present here. As noted in the Third Edition ACOEM Guidelines Low Back Chapter, shoe insoles, lifts, and, by implication, the inserts at issue here are not recommended in the treatment of chronic low back pain other than in circumstances of leg-length discrepancy over 2 cm. Here, however, the attending provider did not establish the presence of a significant leg-length discrepancy via his July 24, 2015 and June 6, 2015 progress notes. There is no mention that the applicant is having a leg-length discrepancy greater than 2 cm. While the Third Edition ACOEM Guidelines do recommend usage of shoe insoles in applicants with chronic low back pain with prolonged walking requirements, here, however, there was no mention of the applicant's having prolonged walking requirements present on office visit of July 24, 2015 and June 5, 2015, referenced above. Rather, the information on file suggested that the applicant had been deemed permanently and totally disabled, per the treating provider's report. It did not appear that the applicant, thus, had a job or occupation with prolonged standing and/or walking requirements. Therefore, the request was not medically necessary.