

<b>Case Number:</b>	CM15-0189480		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	03/15/2012
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 36 year old female who sustained an industrial injury on March 15, 2012. At primary follow up dated August 18, 2015 there was subjective statement of "the lumbar epidural injection had good relief of leg pains after the first injection, and on the second injection he hit a nerve and flared up her pain." She did not return for the third injection. She reports subjective complaint of: "sharp left foot pain that causes difficulty walking." She requires the use of a cane to walk. She is also with complaint of "neck pain, headache, and lumbar radiculitis as she reports burning pain." In addition, she states "lumbar pain is constant." Current medications consisted of: Gralise ER, Hysingla, Cambia, and Norco. The following diagnoses were applied to this visit: lumbar radiculitis, myofascial pain syndrome, left side greater, piriformis syndrome, chronic pain syndrome, and encounter for long term use of medications. An orthopedic new patient evaluation dated December 02, 2014 reported previous treatment to include: activity modification, medications, physical therapy, chiropractic care, acupuncture, and epidural injections. There is note of the worker weaning from Morphine and currently taking Gralise. On August 31, 2015 a request was made for bilateral custom orthotics that was noncertified by Utilization Review on September 08, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) bilateral custom foot orthotics: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Ankle & Foot - Orthotic devices.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Shoe insoles/shoe lifts.

**Decision rationale:** The claimant sustained a work injury in March 2012 when she slipped and fell while working as a CNA, hitting her low back and left knee. When seen, there had been relief of leg pains after a first lumbar epidural steroid injection but she had a flare of pain after a second injection. She was having left foot and leg pain and was using a cane. She had headaches, neck pain, and lumbar radiculopathy. Physical examination findings included ambulating without an assistive device and with a normal gait. There was cervical and lumbar tenderness with multiple cervical trigger points. Bilateral custom foot orthotics are being requested. Her body mass index is over 26. The claimant is not working and is attending school. Shoe insoles can be recommended as an option for patients with a significant leg length discrepancy or who stand for prolonged periods of time. Customized insoles or customized shoes are not recommended as a treatment for back pain. In this case, there is no leg length discrepancy and the claimant is not working. Custom orthotics would not be recommended. The request is not medically necessary.