

Case Number:	CM15-0192098		
Date Assigned:	10/06/2015	Date of Injury:	07/20/2007
Decision Date:	11/12/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/30/2015

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: Physical Medicine & Rehabilitation

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 female individual who sustained an industrial injury on 7-20-07. She works full time. The medical records indicate that the injured worker is being treated for chronic low back pain with radiation to the left lateral leg; right upper extremity pain and numbness. She currently (9-8-15) complains of low back and left leg pain down to the heel. Her current medications offer relief and her pain level was 2 out of 10. Per the 9-8-15 note, her physical exam is unchanged. The physical exam dated 8-7-15 revealed tenderness across the ankle, antalgic gait. Diagnostics include MRI of the lumbar spine (6-25-12) showing central right sided disk protrusion at L5-S1; electromyography-nerve conduction study (1-2014) showing bilateral carpal tunnel syndrome. Treatments to date include left S1 transforaminal epidural steroid injection (7-17-15) with benefit; medications: Tylenol, nortriptyline, gabapentin, Nexium, Colace, Relafen (she has stopped Norco) past Tylenol #3. In the 8-7-15, progress note the treating provider requested a consult with podiatry for shoe inserts or orthotics to take some of the stress off her lower back and may help with ankle pain. The request for authorization was not present. On 9-15-15 Utilization Review non-certified the request for outpatient podiatry consultation and evaluation to left foot-ankle-back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Podiatry Consultation and Evaluation to Left Foot/Ankle/Back: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: Review indicates the patient with chronic low back pain radiating to heel now with request for podiatry consult for possible shoe inserts or orthotics. Submitted reports have not demonstrated any clear indication or specific clinical findings for diagnoses plantar fasciitis with findings of diffuse tenderness to support for the podiatry consultation for uncomplicated complaints of feet pain. There are no identifying diagnostics, impaired ADLs or remarkable findings to support for specialty care beyond the primary provider's specialty nor is there any failed treatment trials rendered for any unusual or complex pathology that may require second opinion. Current report indicates the patient has chronic low back pain rated without ankle/foot disorders or mention of failed pharmacological treatment or therapy to support podiatry specialty referral for this injury of 2007. The Outpatient Podiatry Consultation and Evaluation to Left Foot/Ankle/Back is not medically necessary and appropriate.