

Case Number:	CM15-0204462		
Date Assigned:	10/21/2015	Date of Injury:	01/15/2014
Decision Date:	12/08/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/19/2015

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 66 year old female, who sustained an industrial injury on 1-15-2014. The injured worker is undergoing treatment for: lumbar strain, lumbar facet and sacroiliac joint dysfunction. On 9-16-15, she reported worsened low back pain. Physical examination revealed her physical examination was noted to be unchanged from July, and revealed limited neck range of motion, no evidence of cervical pain radiation, lumbar spine range of motion noted as "she has to walk up and down the legs with her hands to do forward flexion, with mild limitation in flexion and extension, both with back pain and spasm present". The provider noted "she may benefit from custom orthotics, for arch support, as improved foot support and gait can help alleviate some of her lumbar spine pain". She is noted to be referred to a spine surgical specialist for the potential of trigger point versus epidural injection or spine surgery. The treatment and diagnostic testing to date has included: multiple physical therapy sessions, lumbar brace, home exercise program, ice, heat, QME (6-17-15), MRI of the cervical spine and thoracic spine (8-19-15) reported to reveal multi-level cervical discogenic degenerative changes with foraminal stenosis and spinal canal stenosis and no evidence of thoracic compression fracture or foraminal or spinal stenosis, with thoracic spine discogenic degenerative changes. Medications have included: Celebrex. Current work status: permanent and stationary. The request for authorization is for: spine consult, and custom feet orthotics x one pair. The UR dated 10-14-2015: non- certified the request for spine consult and custom feet orthotics x one pair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine consult: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation ACOEM Chapter 7-Independent Medical Examinations and Consultations, page 127.

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

Decision rationale: The patient presents with back pain. The request is for Spine consult. The request for authorization form is dated 10/08/15. MRI of the lumbar spine, 01/02/15, shows degenerative disc disease and multilevel spondylolisthesis; degenerative disc disease is worst at the L4-L5 level where there is mild narrowing of the spinal canal, moderate to severe right foraminal narrowing and mild to moderate left foraminal narrowing. Patient's diagnoses include flare-up of lumbar strain and spasm; flare-up cervical strain with C5-7 DDD and foraminal stenosis. Physical examination of the lumbar spine reveals she has to walk up and down the legs with her hands to do forward flexion, with mild limitation in flexion and extension, both with back pain and spasm present. Neurovascular remains intact. Per progress report dated 09/16/15, the patient's work status is modified, as per P&S report. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. Per progress report dated 09/16/15, treater's reason for the request is "a spine surgical specialist evaluation for a spine specialty consult and treatment, to include consideration of potential trigger point versus epidural injection or possible need for spine surgery, and the patient does wish to speak to a spine surgeon to determine whether surgical intervention would be beneficial for her given her repeated flare-ups of pain that she gets." In this case, it would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a Spine Consult. The patient continues with back pain. Given the patient's symptoms, diagnosis, and physical exam findings, a Spine Consult may contribute to improved management of symptoms. Therefore, the request is medically necessary.

Custom feet orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Shoe insoles/Shoe lifts.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter under Orthotic devices.

Decision rationale: The patient presents with back pain. The request is for Custom feet orthotics. The request for authorization form is dated 10/08/15. MRI of the lumbar spine, 01/02/15, shows degenerative disc disease and multilevel spondylolisthesis; degenerative disc disease is worst at the L4-L5 level where there is mild narrowing of the spinal canal, moderate to severe right foraminal narrowing and mild to moderate left foraminal narrowing. Patient's diagnoses include flare-up of lumbar strain and spasm; flare-up cervical strain with C5-7 DDD and foraminal stenosis. Physical examination of the lumbar spine reveals she has to walk up and down the legs with her hands to do forward flexion, with mild limitation in flexion and extension, both with back pain and spasm present. Neurovascular remains intact. Per progress report dated 09/16/15, the patient's work status is modified, as per P&S report. MTUS/ACOEM chapter 14, Ankle and Foot Complaints, Physical methods, page 370, Table 14-3 "Methods of Symptom Control for Ankle and Foot Complaints" states rigid orthotics are an option for metatarsalgia, and plantar fasciitis. ODG Guidelines, Ankle and Foot Chapter under Orthotic devices Section states: "Recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). Orthosis should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses and people who stand for more than 8 hours per day." Per progress report dated 09/16/15, treater's reason for the request is "for arch support, as improved foot support and gait can help alleviate some of her lumbar spine pain." ACOEM and ODG Guidelines support orthotics for plantar fasciitis and plantar heel pain, which this patient does not present with. In this case, the patient suffers from back pain and is diagnosed with lumbar strain and sprain. Therefore, the request is not medically necessary.