MAXIMUS Federal Services

Case Number:	CM15-0208323		
Date Assigned:	10/27/2015	Date of Injury:	03/18/2013
Decision Date:	12/08/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/22/2015

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: 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 45 year old female, who sustained an industrial injury on 3-18-13. Medical records indicate that the injured worker is undergoing treatment for lumbago, lumbar discopathy and lumbosacral spine neuritis. The injured worker is currently working with restrictions. On (9-23-15) the injured worker complained of sharp low back pain with radiation to the lower extremities. The pain was aggravated by bending, lifting, twisting, pushing, pulling, prolonged standing, sitting and walking multiple blocks. The pain was noted to be unchanged and was rated 8 out of 10 on the visual analog scale. Examination of the lumbar spine revealed tenderness to palpation over the paravertebral muscles with spasm. Range of motion was restricted and guarded. Associated symptoms include numbness and tingling in the lateral thigh, anterolateral and posterior leg as well as foot in the lumbar five and sacral one dermatomal patterns. Documented treatment and evaluation to date has included medications and a weight loss program. A current medication list was not provided. The Request for Authorization dated 10-6-15 included a request for a referral to a podiatrist. The Utilization Review documentation dated 10-13-15 non-certified the request for a referral to a podiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Podiatrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic), Office Visits, 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work injury in March 2013 and is being treated for radiating low back pain. She has urinary incontinence and a nearly 100 pound weight gain since injury. When seen in September 2015 her body mass index was 45. She was having constant low back pain radiating into the lower extremities rated at 8/10. Physical examination findings included lumbar paraspinal tenderness with spasms. Seated nerve root testing was positive. There was guarded and restricted spinal range of motion. There was decreased lower extremity strength and sensation. Medications were continued. Continued weight loss was recommended. Authorization for consideration of a lumbar epidural injection was requested. At issue is a referral to a podiatrist. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has chronic lumbar radicular pain. There are no reported foot or ankle complaints or recorded physical examination findings of the foot or ankle. The reason for the consultation is not described. The request is not medically necessary.