

<b>Case Number:</b>	CM15-0025012		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	02/26/2007
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: North Carolina, Georgia  
Certification(s)/Specialty: Family Practice

### 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 53 year old male injured worker suffered and industrial injury on 2/26/2007. The diagnoses were lumbar degenerative disc disease, lumbosacral or thoracic neuritis or radiculitis, lumbar spinal stenosis, lumbar facet syndrome and lumbar radiculopathy. The treatments were medications, TENS, home exercise program and heat. The treating provider reported complaints of low back pain that is intermittent that radiated to the bilateral lower extremities, left greater than right. On exam there was an impaired gait and reduced lumbar range of motion. The Utilization Review Determination on 2/2/2015 non-certified Heel cups (lumbar spine, citing ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Heel cups (lumbar spine):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle/Foot, Heel pads

**Decision rationale:** CA MTUS is silent on the topic of heel cups. ODG address the use of heel cups in the section on ankle. They are recommended for management of plantar fasciitis but not for Achilles tendonitis. There is no recommendation for their use in low back pain. The request for heel cup is made in the context of a low back complaint and heels cups are not medically indicated.