

Case Number:	CM15-0044271		
Date Assigned:	03/17/2015	Date of Injury:	12/23/2013
Decision Date:	04/16/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/10/2015

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: 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 60-year-old male, who sustained an industrial injury on 12/23/13. He has reported injury after digging trenches and kneeling, he bent forward to pull a 2 by 3 foot 30 pound steel plate, which was lying under pipe and dirt. He developed severe low back pain, leg pain and numbness in the left first three toes. The diagnoses have included lumbar sprain and disc herniation, lumbar spondylolisthesis and left lower extremity radiculopathy and weakness. Treatment to date has included medications, physical therapy, relaxing, activity modifications, ice and Home Exercise Program (HEP). Currently, as per the physician progress note dated 2/20/15, the injured worker complains of low back pain that increases with bending, twisting, lifting with increased left lower extremity weakness. He has discontinued Pristiq due to side effects. There were no other medications noted. The exam revealed tenderness to palpation of the lumbosacral spine, guarded position, positive straight leg raise, and lumbosacral tenderness. The manual muscle testing for the left lower extremity revealed 4+/5, clear weakness thigh flex, knee flex-extension and fall risk. The Treatment Plan included continues to recommend spine surgery, and Left foot orthosis due to left lumbar radiculopathy with weakness in light of denied spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left foot orthosis: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle foot orthosis (AFO).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (Lusardi M, Jorge M, Nielsen C. Orthotics and Prosthetics in Rehabilitation, 3rd edition. Saunders September 2012.) (2) Kluding PM, Dunning K, O'Dell MW et al. Foot drop stimulation versus ankle foot orthosis after stroke: 30-week outcomes. Stroke 2013; 44 (6):1660-9.

Decision rationale: The claimant sustained a work-related injury in December 2013. When seen on the date of service he had finding of lumbosacral radiculopathy with lower extremity ankle weakness. Treatments have included physical therapy. Lumbar spine surgery is being considered. In terms of the requested orthosis, it would be indicated in this case due to the claimant's lower extremity weakness to improve gait and reduce the risk of injury due to falling. It is therefore medically necessary.