

Case Number:	CM15-0046162		
Date Assigned:	03/18/2015	Date of Injury:	09/04/2012
Decision Date:	04/23/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/11/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 48 year old male who sustained an industrial injury on 9/4/12 involving twisting his back as he bent down resulting in severe pain in his mid-back and that night he developed pain radiating down his left lower extremity. Currently the injured worker complains of constant, sharp low back pain with radiation into the lower extremities. The pain intensity is 8/10. Medications help with pain (1/29/15) and include Norco, Flexaril and Prilosec. Diagnoses include L4-S1 fusion, 1985; left active radiculopathy; minimal discogenic changes at T10, 11, 12 and lumbago. Treatments to date include physical therapy and medications. Epidural steroid injections were requested but not documented as received. Diagnostics include lumbar spine x-ray (9/11/12); electromyogram (6/25/14); x-rays of the thoracic spine (9/12/12); MRI of the lumbar spine (9/22/14). There was no notation of a request for orthotics with copper sleeve for the foot in the documents provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotics with Copper Sleeve for the foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, Orthotics.

Decision rationale: Pursuant to the Official Disability Guidelines, orthotics with a copper sleeve foot are not medically necessary. Orthotics are 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 and heel spur syndrome). See guidelines for additional details. In this case, the injured workers working diagnosis is lumbago. The most recent progress note the medical records dated January 29, 2015. There is no documentation in the medical record regarding orthotics with a copper sleeve foot. There is no clinical indication or rationale for orthotics with a copper sleeve foot. The injured worker does not have a history of plantar fasciitis or rheumatoid arthritis. Consequently, absent clinical documentation guideline recommendations to support the use of orthotics with a copper sleeve foot, orthotics with a copper sleeve foot are not medically necessary.