

Case Number:	CM15-0051334		
Date Assigned:	03/24/2015	Date of Injury:	08/13/2014
Decision Date:	05/06/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/18/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 49-year-old male, who sustained an industrial injury on 8/13/2014. He reported lower back pain with radiation to both legs. Diagnoses include lumbar sprain/strain, lumbar radiculopathy and status post lumbar surgery. Treatment to date has included lumbar spine surgery, medications, modified activity, diagnostics, physical therapy and chiropractic care. He has undergone seven lumbar spine fusions. Per the Initial Comprehensive Orthopedic Consultation Report, dated 1/26/2015, the injured worker is status post lumbar surgery and reported constant moderate to severe residual lower back pain rated as 7/10. Physical examination revealed a well-healed 8" midline incision. He is able to heel toe walk with pain. There is tenderness to palpation of the lumbar paraspinal muscles, quadratus lumborum with trigger point noted at the lumbosacral junction. There is also sciatic notch tenderness noted. Range of motion of the lumbar spine is reduced and Tripod sign, Flip test and Lasegue's differential test were positive bilaterally. The plan of care included medications and authorization was requested for referral to podiatrist, follow up for pain in the low back, and DME custom orthotics to correct altered biomechanics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Podiatrist (DPM) [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM- Independent Medical Examinations and Consultations, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The medical necessity of the requested referral has not been sufficiently established by the documentation available for my review. The attached medical record indicates that the injured employee has a condition of low back pain and no complaints of or abnormal physical examination findings concerning the feet. As such, this request for a referral to a podiatrist is not medically necessary.

Follow- up for Pain in Low Back: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: I respectfully disagree with the UR physician. The previous review did not support the request for a follow-up for low back pain stating that additional care for a specialist is not medically necessary. The most recent progress note dated February 18, 2015 indicates the injured employee is still undergoing treatment for his low back with his primary care provider rather than a specialist with additional treatment plans for therapy and epidural steroid injections. Considering the injured employee symptoms and this treatment plan, this request for a follow-up for low back pain is medically necessary.

DME: Custom Orthotics to correct Altered Biomechanics: 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 ODG, Ankle & Feet, Orthotic Devices.

Decision rationale: The official disability guidelines recommend orthotics for the conditions of plantar fasciitis and rheumatoid arthritis in the feet. There is no indication for the use of orthotics in the relation to low back pain. This request for custom orthotics for biomechanical correction is not medically necessary.