

Case Number:	CM15-0086089		
Date Assigned:	05/08/2015	Date of Injury:	07/23/2013
Decision Date:	06/09/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/05/2015

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: New York
Certification(s)/Specialty: Podiatrist

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 61 year old male who sustained an industrial injury on 7/23/13. The injured worker was diagnosed as having cervical radiculopathy, cervical sprain/strain, lumbar radiculopathy and lumbar sprain/strain. Currently, the injured worker was with complaints of discomfort in the cervical and lumbar spine with radiation to the lower extremities. Previous treatments included activity modification and medication management. Previous diagnostic studies included magnetic resonance imaging. Physical examination was notable for tenderness to palpation to the cervical paravertebral muscles and lumbar paravertebral muscles. The plan of care was for custom orthotics and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow Up with Podiatrist (DPM - doctor of podiatric medicine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: Because of this patient's work injury, it is well documented that he suffered numerous injuries including significant back injuries. His injuries have caused back pain and other pains extending to his lower extremities. These back injuries have been documented by MRI, which demonstrate multiple disc herniations. A request for authorization for medical treatment was placed for this patient. Diagnoses noted on the form are cervical and lumbar radiculopathy, cervical and lumbar strain. It is noted that a request is made for this patient to see a podiatrist for "pain in the lower back, and custom orthotics to correct altered biomechanics." It is also noted that patient is requested to see orthopedics and pain management for his severe back pain. Is documented in the request for medical treatment for that the patient is to see a podiatrist for custom orthotics to correct his altered biomechanics. According to the MTUS guidelines, altered biomechanics are not a recommended diagnosis for which custom orthotics may be utilized. Specifically, custom orthotics are utilized for treatment of plantar fasciitis and/or metatarsalgia. There is no documentation that this patient suffers with either of these diagnoses. For this reason, the recommendation to a podiatrist for custom orthotics does not appear medically reasonable

Custom Orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: Because of this patient's work injury, it is well documented that he suffered numerous injuries including significant back injuries. His injuries have caused back pain and other pains extending to his lower extremities. These back injuries have been documented by MRI, which demonstrate multiple disc herniations. A request for authorization for medical treatment was placed for this patient. Diagnoses noted on the form are cervical and lumbar radiculopathy, cervical and lumbar strain. It is noted that a request is made for this patient to see a podiatrist for "pain in the lower back, and custom orthotics to correct altered biomechanics." It is also noted that patient is requested to see orthopedics and pain management for his severe back pain. Is documented in the request for medical treatment for that the patient is to see a podiatrist for custom orthotics to correct his altered biomechanics. According to the MTUS guidelines, altered biomechanics are not a recommended diagnosis for which custom orthotics may be utilized. Specifically, custom orthotics are utilized for treatment of plantar fasciitis and/or metatarsalgia. There is no documentation that this patient suffers with either of these diagnoses. For this reason, the recommendation to a podiatrist for custom orthotics does not appear medically reasonable.

Follow Up with MD (medical doctor): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 43, 49, 83, 92.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): ACOEM, chapter 7, page 127.

Decision rationale: Because of this patient's work injury, it is well documented that he suffered numerous injuries including significant back injuries. His injuries have caused back pain and other pains extending to his lower extremities. These back injuries have been documented by MRI, which demonstrate multiple disc herniations. A request for authorization for medical treatment was placed for this patient. Diagnoses noted on the form are cervical and lumbar radiculopathy, cervical and lumbar strain. It is noted that a request is made for this patient to see a podiatrist for "pain in the lower back, and custom orthotics to correct altered biomechanics." It is also noted that patient is requested to see orthopedics and pain management for his severe back pain. ACOEM, chapter 7, page 127: and occupational health provider may refer to other specialists is a diagnosis is uncertain or extremely complex, when psychosocial factors are involved, or when the plan or course of care may benefit from additional expertise. I feel that the referral to orthopedics and pain management is reasonable for this patient's back pain. It is well documented on MRI that he has multiple disc herniation's which obviously are causing pain. I feel that the additional expertise and treatment of an orthopedist and pain management specialist would meet the above criteria for this patient.