

Case Number:	CM14-0115226		
Date Assigned:	09/16/2014	Date of Injury:	01/02/2001
Decision Date:	10/15/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56 year old female who was injured on 1/2/2001. The diagnoses are low back pain, morbid obesity and insomnia. On 5/23/2014, [REDACTED] noted no improvement in the pain after completion of chiropractic PT. The pain score was 8/10 on a scale of 0 to 10. There were objective findings of paraspinal muscle tenderness and decreased range of motion. The patient was noted to have utilized orthotics since 2001 for metatarsalgia that was associated with bilateral knee pain. On 6/25/2014, [REDACTED] / [REDACTED] noted subjective complaints of low back pain radiating to the lower extremities and knees pain. The pain score was 4-5/10. The patient reported increased ADL following 2 chiropractic treatments. The medications are Norco, Neurontin for pain. [REDACTED] noted on 1/2/2014 that the depression and anxiety was improving. A Utilization Review determination was rendered on 7/7/2014 recommending non certification for 5 Chiropractic PT of the lower back and replacement of foot orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Five chiropractic treatment for the lower back.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic care.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG recommend physical therapy treatment for acute exacerbation of chronic musculoskeletal pain. The records indicate that the patient had significant improvement in ADL following 2 chiropractic PT sessions. The patient was able to climb stairs and increase household chores and activities. [REDACTED] noted that the pain score decreased significantly. The criteria for 5 chiropractic PT of the lower back was met.

DME: replacement of foot orthotics.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back Chapter, Knee and Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Low Back. Foot

Decision rationale: The CA MTUS did not address the use of foot orthotics in the treatment of back or foot pain. The ODG guidelines recommend that shoe insoles or shoe lifts can be beneficial for patients with low back pain associated with significant leg length discrepancy. There is limitation of significant beneficial effects in morbidly obese patients because of abnormal body mechanics. The records indicate that the patient utilized orthotics in 2001 to treat metatarsalgia secondary to knee pain. There is no subjective or objective findings indicating recurrence of the metatarsalgia. The patient was noted to have decreased range of motion and physical activity secondary to morbid obesity and back pain. The criteria for the replacement of foot orthotics was not met.