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| Case Number: | CM14-0117846 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 04/13/2007 |
| Decision Date: | 10/06/2014 | UR Denial Date: | 07/10/2014 |
| Priority: | Standard | Application Received: | 07/28/2014 |

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 injured worker is a 57 year old male who was reportedly injured on 04/13/2007. The mechanism of injury is noted as the injured worker standing on a chair, then attempting to reach for office supplies when the chair fell, landing him in a crumpled position in a tight space hitting the copier, left leg and back. Latest medical report dated 04/25/2014 note the injured worker as having moderate baseline low back pain which becomes severe after any prolonged standing, walking, bending, twisting, and sitting or lifting. The custom orthotics has "really helped his lower back pain now have holes and do not support his feet." Increased right leg radicular pain that radiates down to his knee and into the right groin noted. Frequent urinary tract infections treated by the injured worker's primary care physician. The injured worker is doing modified work with some pain at an adjustable work station that does help control symptoms. There is pain to palpation and palpable tightness in the lumbosacral area over bilateral sacroiliac joints. No sciatic notch tenderness. Range of motion in back restricted due to pain, with Forward Flexion to 65 degrees and extension to 25 degrees. All back motion flares back pain. Muscle strength in lower extremities is +5. Straight leg raise negative. No extensor hallucis longus weakness noted. Patella and Achilles reflexes are 0 to +1 and symmetrical bilaterally. Current medications are ibuprofen, Salon (sic), Lidoderm and Pamelor for back pain. Diagnoses are lumbosacral strain, degenerative spondylolithesis, myofascial pain syndrome and lumbar radiculopathy. A request was made for custom orthotics and was not certified in the pre-authorization review on 07/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Orthotics: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 308.

Decision rationale: The office note dated 4/25/14 documents the injured worker has had previous custom orthotics issued to him. The injured worker continues to work on limited basis while utilizing the orthotics. Official Disability Guidelines (ODG) holds that orthotics may be of benefit with those who suffer from chronic low back pain. Given that the claimant has been employed in a limited activity job by wearing the custom orthotics. The current pain has been ameliorated by using orthotics to increase activity. Therefore, this request is medically necessary.