

Case Number:	CM14-0168497		
Date Assigned:	10/16/2014	Date of Injury:	04/19/1992
Decision Date:	11/18/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/13/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 48 year old female, who reported injury on 04/19/1992. The mechanism of injury was not specified. Her diagnoses include chronic low back and lower thoracic pain. Past treatments were not documented. An MRI of the lumbar spine was performed on 05/02/2011 which showed facet arthritic changes at L5-S1 and L4-L5, bulging disk noted at L4-L5. The injured worker was seen on 09/17/2014 and rated her pain at 9/10, she reported pain radiating to the right posterior thigh down to the knee level, as well to the SI joints bilaterally making it difficult to walk or stand for extended periods. She had been using a TENS unit and hot/cold packs for some relief of muscle spasms in back, though both items are not in working order. Her pain restricted activities of daily living, exercise and walking. The injured worker's medication regimen was decreasing her pain from 9/10 to 7/10 and allowing for some activity. A physical assessment showed extension of the lower back to about 20 degrees, flexion of the lower back between 30 and 35 degrees with greater pain demonstrated with lumbar flexion than extension. Her medications included vicoprofen, ultracet 37.5/325mg, neurontin 800mg, trazodone, effexor ER 150mg, and Colace. The rationale for the request for purchase of shoe inserts/orthotics for low back pain, as an outpatient due to lumbosacral junction pain radiating out towards the sacroiliac joints and difficulties with walking and prolonged standing. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 purchase shoe inserts/orthotics for low back pain, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Shoe insoles/shoe lifts

Decision rationale: The injured worker has shown pain restricting her activities of daily living including walking and exercising, the documentation shows the source is the low back and low thoracic. The California MTUS/ACOEM Guidelines indicated orthotics may reduce pain experienced during walking and may reduce more universal measures of pain and disability for patients with plantar fasciitis and metatarsalgia. The Official Disability Guidelines note shoe insoles are recommended as an option for patients with a significant leg length discrepancy (> 2-3cm) or patients who stand for prolonged periods of time. There is no indication that the injured worker is diagnosed with or has physical examination findings consistent with a diagnosis of plantar fasciitis and metatarsalgia. There is no indication that the injured worker has a significant leg length discrepancy (> 2-3cm). There is a lack of documentation demonstrating physical examination findings and symptoms which would be alleviated with the use of insoles. Therefore, the request for 2 purchase shoe inserts/orthotics for low back pain, as an outpatient is not medically necessary.