

Case Number:	CM14-0152866		
Date Assigned:	09/23/2014	Date of Injury:	03/20/2006
Decision Date:	01/22/2015	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/18/2014

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 Family Practice 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 40-year-old female who reported an injury on 03/20/2006. The mechanism of injury was not provided. The diagnoses included lumbar radiculopathy and postsurgical status not elsewhere classified. The diagnostics included an MRI of the lumbar spine, dated 06/09/2014, which revealed mild scoliosis of the lumbar spine, no vertebrae body masses or fractures, clonus at the T12 level, which was within normal limits; there were no intradural lesion or paraspinal masses. The L4-5 with bilateral pedicle screws at the L4 and a right sided pedicle screw at the L5 level. Compared with the prior examination dated 07/31/2012, there were no significant changes. The L3-4 did reveal 2 mm broad based posterior disc bulge with no disc protrusion or extrusion and no spinal stenosis or foraminal narrowing; unchanged compared to prior examination. Prior treatments included medication and acupuncture. The injured worker presented with significant lumbar pain. The physical examination of the lumbar spine, dated 08/12/2014, revealed a well healed scar over the lumbar area. Range of motion was restricted. The straight leg raise test was positive on the right. The paravertebral muscles were tender to palpation; spasm was present. Sensation was reduced at the L5 dermatome distribution. The treatment plan included orthotic shoes. The Request for Authorization dated 09/18/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom made shoe 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 (ODG), Low Back, Shoe insoles/shoe lifts

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Shoe insoles/shoe lifts

Decision rationale: The Official Disability Guidelines recommend shoe state inserts/shoe lifts as an option for patients with significant leg length discrepancy or who stand for prolonged periods of time. They are not recommended for prevention. Customized insoles or customized shoes are not recommended as a treatment for back pain. The documentation did not provide any rationale for the orthotic shoes. Additionally, the guidelines do not recommend orthotic shoes for back pain. Therefore, the request for custom made shoe orthotics is not medically necessary.