

Case Number:	CM14-0211182		
Date Assigned:	12/24/2014	Date of Injury:	01/10/2000
Decision Date:	02/27/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with industrial injury of January 10, 2000. In a Utilization Review Report dated December 9, 2014, the claims administrator denied a request for new versus replacement foot orthoses reportedly requested on a November 4, 2014 progress note. The applicant's attorney subsequently appealed. On said November 14, 2014 progress note, the applicant reported heightened complaints of low back pain radiating to the right leg. The applicant had completed acupuncture and weight loss classes. The applicant's medications included Motrin and tizanidine, both of which were reportedly refilled. The applicant was reportedly working, it was suggested status post earlier lumbar laminectomy surgery. Further acupuncture was endorsed. Replacement orthotics and heel wedges were also sought, along with a gym membership and weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

New/Replacement of Foot Orthotics: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Low Back Chapter, Shoe Insoles and Shoe Lifts topic.

Decision rationale: The MTUS does not address the topic of foot orthotics for the diagnosis of low back pain, the body part at issue here. The Third Edition ACOEM Guidelines, however, takes the position that shoes insoles and/or shoe lifts are not recommended in the treatment of subacute or chronic low back pain or radicular pain syndrome or other back-related conditions other than in circumstances of leg-length discrepancy over 2 cm and/or in applicants with chronic low back pain with an occupation with significant or prolonged walking requirements. Here, however, there was no documentation or mention of the applicant's having a significant limb-length discrepancy present here. Neither the attending provider nor the applicant's attorney, furthermore, outlined any significant standing or prolonged walking requirements during the course of the applicant's work at [REDACTED]. The applicant's job duties and job demands were not outlined in the November 14, 2014 progress note on which the orthotics at issue were sought. Therefore, the request for New/Replacement of Foot Orthotics is not medically necessary.