

<b>Case Number:</b>	CM15-0110055		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	08/03/2013
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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, California

Certification(s)/Specialty: Family Practice

### 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 35 year old male, who sustained an industrial injury on August 3, 2013. The injured worker was diagnosed as having lumbar strain/sprain, lumbar disc protrusion, left shoulder strain/sprain, impingement syndrome, rotator cuff tendinosis, bilateral knee sprain and knee meniscal tear, cervical strain/sprain and disc bulge and bilateral ankle/foot strain/sprain and plantar fasciitis. Treatment to date has included chiropractic treatment, medication, magnetic resonance imaging (MRI) and home exercise program (HEP). A progress note dated April 28, 2015 provides the injured worker complains of neck, left scapular, low back knee and ankle and foot pain. He reports chiropractic treatment helps his back and that his knees pop and sometimes give way. Physical exam notes bilateral knee tenderness, positive compression test and decreased range of motion (ROM). The patient has had positive SLR and positive sacroiliac stress test. Physical examination of the bilateral feet revealed tenderness on palpation. Physical examination of the ankle and feet on 7/7/15 revealed antalgic gait, normal heel-toe walk, and normal ROM. The plan includes surgical consult, lumbar sacral orthosis (LSO) brace, moist heat pad, foot orthotic and Ultram. Whether the patient was prescribed custom foot orthotics or off the shelf / prefabricated foot orthotics was not specified in the records specified. The patient has had a MRI of the lumbar spine on 4/23/14 that revealed disc protrusions. The medication list includes Ultram, Naproxen and Cyclobenzaprine. The patient had received an unspecified number of chiropractic treatment visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Low Back (updated 07/17/15) Lumbar supports.

**Decision rationale:** Request LSO Brace per the ACOEM guidelines cited below "There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry." In addition per the ODG cited below regarding lumbar supports/brace, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Under study for post-operative use; see Back brace, post operative (fusion)." The patient had received an unspecified number of the chiropractic treatment visits for this injury. Response to prior conservative therapy was not specified in the records provided. Prior conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. There is no evidence of instability, spondylolisthesis, lumbar fracture or recent lumbar surgery. Any surgery or procedure note related to this injury was not specified in the records provided. The medical necessity, of LSO Brace is not fully established. The request is not medically necessary.

**1 Bilateral Foot Orthotic:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic) 2015.

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

**Decision rationale:** Bilateral Foot Orthotic per the ACOEM guidelines cited below "Rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia." Patient has received an unspecified number of chiropractic visits for this injury. Response to conservative treatment including PT and medication was not specified in the records provided. Whether the patient was prescribed custom foot orthotics or off the shelf / prefabricated foot orthotics was not specified in the records provided. Significant functional deficits that would require orthotics was not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The request for Bilateral

Foot Orthotic is not fully established for this patient. The request is not medically necessary.