

Case Number:	CM15-0172642		
Date Assigned:	09/14/2015	Date of Injury:	04/24/2006
Decision Date:	10/14/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/01/2015

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: North Carolina
 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 48 year old female, who sustained an industrial injury on 4-24-06. Medical record indicated the injured worker is undergoing treatment for chronic low back pain, lumbar fusion L3-5 with revision surgeries, lumbar radiculopathy and migraine headaches. Treatment to date has included lumbar discectomy L5-S1, lumbar L5-S1 fusion, lumbar surgery revision, oral medications including Methadone, Norco, Topamax and Wellbutrin; physical therapy and activity modifications. The progress note dated 8-20-15 noted (MRI) magnetic resonance imaging of lumbar spine performed on 8-11-15 revealed solid interbody and posterolateral fusions at L3-5 and L4-5 and L5-S1 with hardware in place and at L2-3 mild bilateral facet arthropathy and minimal thickening of the ligamentum flavum without evidence of stenosis. Currently on 7-23-15 and 8-20-15, the injured worker complains of chronic low back pain with weakness and loss of sensation in the right leg contributing to several falls; she rates the pain 4-5 out of 10 and notes with Methadone and Norco the pain will drop from a level of 10 out of 10 to 3 out of 10. The medications enable her to perform activities of daily living including walking longer, doing dishes, laundry, making bed and vacuuming. Work status is medically retired and disability status is noted to be permanent and stationary. Physical exam performed on 7-23-15 and 8-20-15 revealed well healed midline and bilateral parasagittal lumbar incisions, slow gait, tenderness to palpation of lumbosacral area, severely restricted range of motion and mild weakness in right hip flexor. On 8-20-15, the treatment plan included refilling of Methadone 10mg, Norco 10-325, Ativan 1 mg, Wellbutrin 75mg, Topamax 25mg, consideration of lumbar facet injections and request for authorization for orthotics fitting and

purchase. On 8-28-15, utilization review non-certified a request for orthotics noting medical documents do not support such a diagnoses or subjective-objective indications of foot pathology and customized insoles or customized shoes are not recommended as a treatment for back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotics for indefinite use with fitting: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Initial Care.

Decision rationale: The ACOEM chapter on foot complaints states: 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. The patient does not have either of these diagnoses and therefore the request is not certified.