

Case Number:	CM15-0074323		
Date Assigned:	04/24/2015	Date of Injury:	11/18/2013
Decision Date:	05/21/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/20/2015

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: New York
 Certification(s)/Specialty: Podiatrist

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 44 year old male, who sustained an industrial injury on 11/18/2013. On provider visit dated 03/12/2015 the injured worker has reported low back pain. On examination, gait was noted as normal, full weight bearing on both lower extremities. The diagnoses have included lumbar disc displacement, spasm muscle shoulder, muscle spam back and sciatica. Treatment to date has medication, laboratory studies, TENS and MRI. The provider requested to a podiatrist, unspecified foot order for chronic foot pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral To A Podiatrist, Unspecified Foot, Per 3/12/15 Order: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM page127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): chapter 7, pg 127.

Decision rationale: ACOEM guidelines state that health practitioners may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the course or plan of care may benefit from additional expertise. A referral may

be for consultation, to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness to return to work. There is insufficient medical documentation of this patient's foot pain to initiate a referral to a podiatrist according to the above guidelines. The request IS NOT medically necessary.