

Case Number:	CM15-0096753		
Date Assigned:	05/27/2015	Date of Injury:	11/24/1997
Decision Date:	07/01/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/19/2015

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, New York, 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 43-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of November 24, 1997. In a Utilization Review report dated April 30, 2015, the claims administrator failed to approve a request for orthotics. A progress note dated April 14, 2015 was referenced in the determination. Non-MTUS ODG guidelines were invoked in the determination. The applicant's attorney subsequently appealed. In a handwritten note dated April 14, 2015, the applicant reported ongoing complaints of low back pain. It was stated that prolonged sitting, prolonged postures, and walking adversely affected the applicant's low back pain. Orthotics were endorsed so as to diminish the applicant's pain complaints associated with prolonged walking. Soma was endorsed. The applicant was asked to continue chiropractic manipulative therapy. Permanent work restrictions were renewed. It was not stated whether the applicant was or was not working with said limitations in place, although it was suggested that the applicant was walking and/or stretching regularly. In a May 12, 2015 progress note, it was suggested that the applicant was working and that the applicant was remaining active both at work and with his family and children. The attending provider again sought authorization for chiropractic manipulative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotics: Overturned

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 Chapter, Ankle and Foot Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines Low Back Disorders, pg. 522 5. Recommendation: Shoe Insoles for Patients with Prolonged Walking Requirements Shoe insoles are recommended for patients with chronic low back pain who have prolonged walking requirements. Strength of Evidence Recommended, Evidence (C).

Decision rationale: Yes, the request for orthotics was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic of orthotics or insoles for applicants with low back pain. However, the Third Edition ACOEM Guidelines Low Back Chapter note on page 522 that shoe insoles (AKA orthotics) are recommended for applicants with chronic low back pain who have prolonged walking requirements. Here, the attending provider's progress notes of April 14, 2015 and May 12, 2015 did seemingly suggest that the applicant was walking frequently, either at home and/or at work. Provision of orthotics (AKA insoles) was, thus, indicated to attenuate the applicant's pain complaints associated with the same. Therefore, the request is medically necessary.