

<b>Case Number:</b>	CM13-0008414		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/06/2009
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in OCCUPATIONAL MEDICINE, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 [REDACTED] employee who has filed a claim for chronic low back and foot pain reportedly associated with an industrial injury of July 6, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy over the life of the claim; transfer of care to and from various providers in various specialties; extensive periods of time off work, on total temporary disability; and prior foot surgery on February 11, 2013. In a utilization review report of July 31, 2013, physical therapy and a steroid injection were apparently denied. A copy of the entire utilization review report has not seemingly been provided. The applicant's attorney nevertheless appealed. On August 6, 2013, the applicant is described as presenting with persistent foot pain. There was apparently some improvement with a prior foot corticosteroid injection. However, the applicant is still using a CAM walker. The applicant is on Norco, Prozac, Wellbutrin, and Motrin. Tenderness is appreciated about the sinus tarsi. It is stated that the applicant's shoes are breaking down and that replacement shoes are needed. Additional injection therapy is sought on August 23, 2013. Multiple notes interspersed throughout 2013 imply that the applicant is off work, on total temporary disability. An August 13, 2013 note is notable for comments that the applicant is off work. This is echoed by later notes interspersed throughout August 2013, September 2013, October 2013, and November 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective Request for 8 Physical Therapy (PT) Sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369,Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The applicant has had prior unspecified amounts of physical therapy over the life of the claim. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement at various milestones in the treatment program is needed in order to justify continued treatment. In this case, however, there is no such evidence of functional improvement despite the applicant having completed prior unspecified amounts of physical therapy. The applicant has failed to return to work. The applicant remains highly reliant on various analgesic medications including Norco, Opana, etc. Continuing physical therapy in the face of the applicant's failure to demonstrate any functional improvement is not indicated. Therefore, the request is not certified.

**Prospective Request for 1 Injection of Dexamethasone Sod Phosphate 1mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14 Table 14-6, repeated or frequent injections are "not recommended." In this case, the applicant has had prior unspecified number of foot and ankle steroid injections. There has been no clear demonstration of functional improvement following completion of the same so as to justify further treatment. The applicant is off work, on total temporary disability. Significant physical impairment persists. She is still using a CAM walker. She is still highly reliant on various opioid medications including Norco and Opana. Continuing injection therapy in the face of the applicant's failure to demonstrate improvement following prior injection therapy is not recommended. Therefore, the request is not certified.

**Prospective Request for 1 Injection of Triamcinolone Acetonide per 10mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**Decision rationale:** This request seemingly represents a second steroid injection. Again, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-6, repeated or frequent

injections are "not recommended," particularly given the applicant's failure to effect any functional improvement following completion of prior unspecified numbers of injections. The applicant is off work. The applicant remains highly reliant on various medications and medical treatment including a CAM walker, opioids, etc. Pursuing injection therapy in this context is not recommended. Therefore, the request is not certified.

**Prospective Request for 1 Injection of tendon sheath- left side: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**Decision rationale:** The proposed tendon sheath injection has not been certified both on the grounds that ACOEM does not recommend repeated or frequent injections as suggested in Chapter 14, Table 14-6 and on the grounds that the applicant has failed to effect any functional improvement following completion of the prior injection as evidenced by her failure to return to any form of work and as evidenced by her continued reliance on various forms of medical treatment.

**Prospective Request for 1 Injection of STJ at the sinus tarsei level: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**Decision rationale:** As with the other injections and injection components, ACOEM Chapter 14, Table 14-6 does not endorse protracted, prolonged, and/or repeat injections, particularly given the applicant's failure to effect any functional improvement following completion of prior unspecified numbers of injections. Therefore, the request is likewise not certified.