

<b>Case Number:</b>	CM13-0048825		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/29/2010
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 patient is a 48-year-old male who reported injury on 06/29/2010. The patient has undergone 3 foot surgeries with the most recent being an open plantar fasciotomy with partial Steindler stripping and excision of a calcaneal spur on 06/27/2013. The most recent examination note revealed the patient had pain that was increased with activity. The patient indicated that they had moderate to severe pain with 2 hours of activities and the first steps were noted to be bad. The patient had pain with palpation/pressure on the plantar distal calcaneus; continued and increased lateral foot and Tinel's sign sural nerve areas. The assessment was noted to include pain and tenosynovitis in the Achilles tendon right and lateral foot improving slowly sural nerve neuritis. The plan was request injection for the sural nerve area pain and return to in 2 to 3 weeks for followup and injection therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for injection for the sural nerve area pain times 2-3 to the right foot: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Steroid Injections.

**Decision rationale:** ACOEM Guidelines support corticosteroid injections into the affected web space in patients with Morton's neuroma or in the affected area in patients with plantar fasciitis or heel spur. However, the Achilles tendon was not addressed, and secondary guidelines were sought. Official Disability Guidelines indicate steroid injections are under study as there is little information available from trials to support the use of peritendinous steroid injections in the treatment of acute or chronic Achilles tendonitis as most evidence for the efficacy of intra-articular corticosteroids is confined to the knee with a few studies considering the joints of the foot and ankle. The requested service was for 1 injection for the sural nerve area pain. Per the physician, the submitted request, the request was for 2 to 3 injections for the right foot. There would be a lack of ability to reassess after a first injection if the request was for 2 to 3 times. Given the lack of clarification, the request for injection for the sural nerve area pain times 2 to 3 for the right foot is not medically necessary. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations.