MAXIMUS Federal Services

Case Number:	CM13-0055144		
Date Assigned:	12/30/2013	Date of Injury:	06/25/2012
Decision Date:	08/27/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/20/2013

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. The expert 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 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/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 represented [redacted] employee who has filed a claim for chronic foot, ankle, and heel pain reportedly associated with an industrial injury of June 25, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and ankle MRI imaging of June 28, 2013, read as essentially normal. In a November 7, 2013 Utilization Review Report, the claims administrator denied request for foot and ankle corticosteroid injections. Acupuncture was also denied. The rationale was somewhat incoherent. The claims administrator did not incorporate cited guidelines into its rationale and stated that there were no objective findings of pain or swelling about the foot and ankle which would warrant injections. The claims administrator did not incorporate cited MTUS guidelines into its rationale. In a December 14, 2013 progress note, the applicant represented with multifocal facial pain, jaw pain, headaches, and ankle pain, ranging anywhere from 1-6/10. The applicant had myofascial pain complaints, it was stated. The applicant was asked to follow up with a dentist. Permanent work restrictions were renewed. The applicant was using Motrin for pain relief, it was stated. It was not clearly stated whether or not the applicant's limitations were accommodated by the employer or not. On September 24, 2012, the applicant presented with multifocal neck, foot, shoulder, and facial pain. The applicant was not working at this point in time, owing to the fact that the employer was unable to accommodate light duty. Celebrex was endorsed at this point.On June 11, 2013, the applicant was placed off of work, on total temporary disability. The MRI imaging of the temporomandibular joints of July 18, 2013 was read as negative. In a medical-legal evaluation of August 1, 2013, the medical-legal evaluator suggested that future medical care include provision for the applicant to receive corticosteroid injections into the ankle. It was suggested that the applicant was still symptomatic insofar as the ankle is concerned. A

September 3, 2013 progress note is notable for comments that the applicant had persistent complaints of shoulder, face, neck, arm, and left foot pain. The foot pain was scored at 3/10. The applicant was placed off of work, on total temporary disability, while Motrin was renewed. Physical therapy treatment was transpiring at this point in time. On October 15, 2013, the applicant presented with 4-6/10 foot and ankle pain. Decreased tenderness about the foot was noted. A series of three corticosteroid injections of the foot and ankle were sought, along with 12 sessions of acupuncture. The applicant was returned to regular duty work (on paper).

IMR ISSUES, DECISIONS AND RATIONALES

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

3 corticosteroid injections for the left foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-6, page 376, repeated or frequent injections, as are being sought here, are deemed not recommended for issues involving the foot and ankle. In this case, the attending provider has not stated why a series of three injections are being sought in the face of the unfavorable ACOEM position on repeated, frequent injections. Therefore, the request is not medically necessary.

3 corticosteroid injections for the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-6, page 376, repeated or frequent injections are deemed not recommended. In this case, no applicant-specific rationale or medical evidence was furnished so as to try and offset the unfavorable ACOEM recommendation on the repeated, protracted, three planned series of corticosteroid injections being proposed by the attending provider. Therefore, the request is not medically necessary.

12 sessions of acupuncture for the face, left foot, and left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. The 12 session course of treatment being proposed here, thus, represents treatment at a rate two to four times MTUS parameters. No rationale for treatment this far in excess of the MTUS parameters was proffered by the attending provider. Therefore, the request is not medically necessary.