

<b>Case Number:</b>	CM13-0061016		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/24/2011
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Licensed in Podiatry, and is licensed to practice in New York. 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:

According to the enclosed information, the original date of injury for this patient was 8/24/2011. The progress note dated 9/20/12 states that patient has had continued pain to the ball of his left. Patient has had physical therapy and numerous injections to this area, and according to the physician the last injection did not alleviate patient's left foot pain at all. A diagnosis of Morton's neuroma second interspace left foot is noted. Excision of neuroma was recommended as well as MRI evaluation of the left foot. MRI evaluation dated 11/8/12 reveals a finding of "no evidence of Morton's neuroma, intermetatarsal bursitis, arthritis, or other abnormality of the second MPJ left foot." The operative report dated 1/14/2013 reveals that this patient underwent excision of Morton's neuroma second interspace left side. The progress note dated 5/23/13 advises that patient has returned to work at the beginning of May. He admits that he is 70% improved after recovering from his surgery. Physical exam reveals no tenderness or pain over the second interspace left side. An assessment of satisfactory healing is noted and patient is returned to work full-time. On 8/1/2013 patient returned to his podiatrist with complaints of increasing left forefoot pain. Tenderness is noted upon palpation to the second interspace left side. Second interspace was injected with Kenalog. On 11/5/2013, the patient presented to his podiatrist with continued left forefoot pain. The steroid injections are not working anymore. The podiatrist discussed the possibility of a further surgical excision of remaining neuroma, or alcohol sclerosing injections to the painful area. The podiatrist recommended a series of 10 alcohol sclerosing injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A SERIES OF TEN ALCOHOL SCLEROSING INJECTIONS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Alcohol Injection of Morton's Neuroma.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle Chapter, Alcohol Injection of Morton's Neuroma ;and Non-MTUS Dockery, Gary L.The treatment of intermetatarsal neuromas with 4% alcohol sclerosing injections Journal of Foot and Ankle Surgery, Vol. 38, Issue 6,

**Decision rationale:** After careful review of the enclosed information, enclosed medical reference articles, and the pertinent ODG guidelines for this case, it is my opinion that the requested series of 10 alcohol sclerosing injections for this patient's neuroma is not medically reasonable. The ODG guidelines and the enclosed reference articles do state that alcohol sclerosing injections for treatment of Morton's neuroma are a safe, successful, and viable treatment option. Standard of care, however, recommends a series of 3 to 7 injections to begin treatment. It is standard of care to document improvement in both pain and function prior to initiating any more injections to the painful neuroma area.