

<b>Case Number:</b>	CM14-0014191		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	06/26/2013
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 patient is a 21-year-old male who has submitted a claim for bilateral plantar fasciitis and bilateral second and third interspace nerve entrapment or neuroma associated with an industrial injury date of June 26, 2013. Medical records from 2013 to 2014 were reviewed. The patient complains of ongoing pain at the bottom of the bilateral feet. The patient takes Relafen to help relieve pain. Physical examination revealed tenderness of the bilateral plantar fascia and metatarsal heads. The diagnoses were bilateral plantar fasciitis and metatarsalgia. Treatment plan includes requests for trigger point injections and x-rays. Treatment to date has included oral analgesics, dorsiflexion splint, physical therapy, and home exercises. Utilization review from January 9, 2014 denied the request for trigger point injection/cortisone injection because there is no current medical report or request that indicates where the injections are to be given. The request for x-rays (unspecified) was also denied because additional information is needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRIGGER POINT INJECTION/CORTISONE INJECTION:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

**Decision rationale:** Page 122 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that trigger point injections are recommended for myofascial pain syndrome only. Criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; failure of medical management therapies to control pain such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants; and not more than 3-4 injections per session. In this case, there are no findings of trigger points based on the most recent physical examination. Furthermore, there was no objective evidence of failure of conservative treatment to relieve pain. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guidelines. Therefore, the request for TRIGGER POINT INJECTION/CORTISONE INJECTION is not medically necessary.

**X-RAYS UNSPECIFIED:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

**Decision rationale:** As stated on page 372-374 of the ACOEM Guidelines referenced by CA MTUS, most ankle and foot problems improve quickly once any red-flag issues are ruled out. Routine testing, i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. In this case, the request did not specify the body part for imaging. Furthermore, there were no red flag signs noted based on the medical records provided. The medical necessity has not been established at this time due to lack of information. Therefore, the request for X-RAYS UNSPECIFIED is not medically necessary.