MAXIMUS Federal Services

Case Number:	CM14-0125154		
Date Assigned:	08/11/2014	Date of Injury:	11/21/2009
Decision Date:	09/15/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 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 injured worker is a 47 year old female whose date of injury is 11/21/2009. The mechanism of injury is not described. Follow up note dated 07/08/14 indicates that the injured worker is wheelchair bound. She complains of painful bilateral lower extremities. She states that the application of Unna boot did help reduce swelling, but reports that she has been having severe pain of the left second interspace area. She states the injection performed a few months ago to the left second interspace was extremely helpful. On physical examination there is severe hypersensitivity of deep and superficial peroneals on the left side only; right is normal. There are 2+ edema of the bilateral lower extremities, as well as varicosities and telangiectasia. Ankle range of motion is guarded bilaterally. Diagnoses are status post open reduction internal fixation right ankle secondary to fracture; neuritis, left first, second and third interspace; left metatarsalgia; left plantar fasciitis; bilateral sinus tarsi syndrome; bilateral peroneal tendinitis; bilateral edema; bilateral bursitis; bilateral myalgia and bilateral pain. The injured worker underwent myofascial release and left second interspace injection on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

MPA (Depo Medrol Injection): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Injections (corticosteroid).

Decision rationale: The injured worker's objective, functional response to prior injections is not documented to establish efficacy of treatment. The Official Disability Guidelines Ankle and Foot Chapter reports that injections are not recommended for tendonitis or Morton's Neuroma, and not recommend intra-articular corticosteroids; injections are under study for heel pain. Therefore, the medical necessity of the request for MPA (Depo Medrol injection) cannot be established at this time.

Digital nerve block injection: 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), Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot chapter, Injections (corticosteroid).

Decision rationale: The injured worker's objective, functional response to prior injections is not documented to establish efficacy of treatment. The Official Disability Guidelines Ankle and Foot Chapter reports that injections are not recommended for tendonitis or Morton's Neuroma, and not recommend intra-articular corticosteroids; injections are under study for heel pain. Therefore, the medical necessity of the request for digital nerve block injection cannot be established at this time.