

Case Number:	CM14-0150246		
Date Assigned:	09/18/2014	Date of Injury:	09/11/2013
Decision Date:	11/20/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/15/2014

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 Management 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:

According to the records made available for review, this is a 49-year-old female with a 9/11/13 date of injury. At the time (8/25/14) of request for authorization for Left heel injection under anesthesia in outpatient surgery center, Right heel injection under anesthesia in outpatient surgery center, and Fluoroscopic guidance, there is documentation of subjective (bilateral heel pain) and objective (grossly intact epicritic and sharp/temperature sensation, positive straight leg raise of right lower extremity with radiation down the posterior thigh and leg, and persistent moderate to severe pain over right hind foot/calcaneus and plantar medial tubercle plantar to dorsal) findings, imaging findings (reported MRI of bilateral feet (5/8/14) revealed severe plantar fasciitis; report not available for review), current diagnoses (abnormality of gait, mononeuritis of lower limb, closed fracture of calcaneus, and calcaneal spur), and treatment to date (physical therapy). Medical report identifies a request for fluoroscopy guided bilateral plantar to dorsal plantar fascial heel injections under anesthesia to suppress the pain cycle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left heel injection under anesthesia in outpatient surgery center: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle and Foot Chapter

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

Decision rationale: MTUS reference to ACOEM identifies documentation of Morton's neuroma, plantar fasciitis, or heel spur despite failure of four to six weeks of conservative therapy, as criteria necessary to support the medical necessity of corticosteroid injection to the foot/ankle. Within the medical information available for review, there is documentation of diagnoses of abnormality of gait, mononeuritis of lower limb, closed fracture of calcaneus, and calcaneal spur. In addition, there is documentation of a request for fluoroscopy guided bilateral plantar to dorsal plantar fascial heel injections under anesthesia to suppress the pain cycle. Furthermore, there is documentation of plantar fasciitis and calcaneal spur despite failure of four to six weeks of conservative therapy. Therefore, based on guidelines and a review of the evidence, the request left heel injection under anesthesia in outpatient surgery center is medically necessary.

Right heel injection under anesthesia in outpatient surgery center: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle and Foot Chapter

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

Decision rationale: MTUS reference to ACOEM identifies documentation of Morton's neuroma, plantar fasciitis, or heel spur despite failure of four to six weeks of conservative therapy, as criteria necessary to support the medical necessity of corticosteroid injection to the foot/ankle. Within the medical information available for review, there is documentation of diagnoses of abnormality of gait, mononeuritis of lower limb, closed fracture of calcaneus, and calcaneal spur. In addition, there is documentation of a request for fluoroscopy guided bilateral plantar to dorsal plantar fascial heel injections under anesthesia to suppress the pain cycle. Furthermore, there is documentation of plantar fasciitis and calcaneal spur despite failure of four to six weeks of conservative therapy. Therefore, based on guidelines and a review of the evidence, the request right heel injection under anesthesia in outpatient surgery center is medically necessary.

Fluoroscopic guidance: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle and Foot Chapter

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: There is documentation of a pending injection that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for fluoroscopic guidance is medically necessary.