

<b>Case Number:</b>	CM14-0159558		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	08/01/2001
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 70-year-old female who sustained a work related injury on 8/01/2001 as result of an unknown mechanism of injury. Per the submitted PR-2 dated 09/03/2014, the hand written note documents increased lower back pain and spasm with range of motion. Left foot pain when walking, decreased activities of daily living, relief with meds. Objective findings include tenderness to palpation at the 3rd 'MT', pain with range of motion. She has positive extension of the lumbo-sacral region, a positive straight leg raise, positive extensor hallucis longus (weakness?) and spasm at L4-5. She is diagnosed with foot neuroma and Lumbar HNP. The plan is to follow up with [REDACTED] left foot. Treatment provided for the condition regarding her foot includes corticosteroid injection with a request for physical therapy and a consult with [REDACTED] (presumed foot specialist). The patient underwent a 3rd MT neuroma excision prior to 01/14/2014 that documents follow up of care for incision. In Dispute is a decision for a consult with foot specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult with foot specialist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Disability Duration Guideines; Work Loss Data Institute LLC; Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 6.

**Decision rationale:** A patient suffering from severe intractable pain who does not qualify for participation in a chronic pain program or who has failed a chronic pain program "should have access to proper treatment of his or her pain." California Health and Safety Code section 124960. Additionally, The ACOEM guidelines delineates obtaining a referral to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, permanent residual loss and / or the examinee's fitness for return to work. The patient has previously undergone a surgical procedure regarding the neuroma that resulted in less the expected outcome. A referral to a foot specialist is warranted as the patient has undergone a number of conservative management regimens without resolution of her problem.