

<b>Case Number:</b>	CM14-0181715		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	11/22/1998
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 46 year old male with an injury date of 11/22/96. Per the 10/13/14 report by [REDACTED], the patient presents for follow up of painful right plantar fasciitis post 09/15/14 injection that improved pain 25%. The patient also presents with worsening right ankle pain rated 8/10 and he continues to have numbness tingling and burning sensations. The patient has antalgic gait and uses a walker for ambulation. Lower extremity neurological exam shows Lateral Sural and Sural severely hypersensitive on the right; Medial plantar; Lateral plantar; Medial calcaneal, and Lateral calcaneal are moderately hypersensitive on the right. Examination also reveals severe pain with palpation of the right sinus tarsi, right peroneal tendon and with distraction/impaction of the right ankle joint. The patient's diagnoses include: 1. Plantar fasciitis 2. Peroneal tendinitis 3. Capsulitis 4. Lumbar radiculitis 5. Lumbar sprain/strain 6. Diabetic peripheral neuropathy 7. Calcaneal spur 8. Pain The utilization review being challenged is dated 10/31/14. Reports were provided from 05/05/14 to 10/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 injection trigger point:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic), Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122.

**Decision rationale:** The treater presents with right plantar fasciitis and worsening right ankle pain rated 8/10. The treater requests for 1 Injection Trigger Point. The 10/31/14 utilization review states this request is for "Ligament/Trigger Point Injection".MTUS under its chronic pain section has the following regarding trigger point injections: (pg. 122), "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value." Criteria for use includes: documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In the 10/13/14 treatment plan the provider states authorization will be sent to help reduce the patient's heel pain even more. This report also states the patient received a 09/15/14 injection for right plantar fasciitis that reduced pain 25% and that the treater performed myofascial release. However, the reports provided do not discuss circumscribed trigger points with evidence upon palpation of a twitch response as required by MTUS. Therefore, the medical necessity is not established and the recommendation is for denial.

**One Ultrasound (US) guidance for needle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122.

**Decision rationale:** The treater presents with right plantar fasciitis and worsening right ankle pain rated 8/10. The treater requests for 1 ultrasound (US) guidance for needle. MTUS under its chronic pain section has the following regarding trigger point injections: (pg. 122), "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value." Criteria for use includes: documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In the 10/13/14 treatment plan the provider states authorization will be sent to help reduce the patient's heel pain even more. This report also states the patient received a 09/15/14 injection for right plantar fasciitis that reduced pain 25% and that the treater performed myofascial release. However, the reports provided do not discuss circumscribed trigger points with evidence upon palpation of a twitch response as required by MTUS. Therefore, the medical necessity is not established and the recommendation is for denial.