

<b>Case Number:</b>	CM14-0033835		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/22/2012
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 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 who sustained fracture to the proximal phalanx of the fifth toe of the left foot on January 22, 2012. Physical examination noted no gross deformity; normal range of motion at ankle and foot; normal sensation to touch of foot and ankle; with the compression test of the forefoot, he injured worker had pain at fourth and fifth interspaces consistent with Morton neuromas; walked with very antalgic gait; with direct palpation at fifth metatarsal head no pain was noted. The fracture was entirely healed. The injured worker was diagnosed with left foot pain, fourth and fifth Morton neuroma; left fifth metatarsal fracture that was healed. The injured worker was recommended to continue use of compound topical medications for the affected region and recommended a sclerosing injection for the left four five neuroma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sclerosing injection for 4-5 neuroma:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Sclerotherapy.

**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, Sclerotherapy (prolotherapy).

**Decision rationale:** The request for sclerosing injection for 4-5 neuroma is not medically necessary. The previous requests were denied on the basis that the updated Official Disability Guidelines maintained that there are still no high quality studies to be persuasive as to the efficacy of sclerotherapy in the treatment of ankle foot disorders. The Official Disability Guidelines state treatment with this modality is not recommended. Laboratory studies may lend some biological plausibility to claims of connective tissue growth, but high quality published clinical studies are lacking. The dependence of the therapeutic effect on the inflammatory response is poorly defined, raising concerns about the use of conventional anti-inflammatory drugs when proliferant injections are given. The evidence in support of sclerotherapy is insufficient and therefore, its use is not recommended. Given this, the request for sclerosing injection for 4-5 neuroma is not indicated as medically necessary.