

<b>Case Number:</b>	CM14-0035033		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Orthopedic Surgery, 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 injured worker is a 46-year-old who reported an injury on September 4, 2012. The mechanism of injury was noted to be a 500 pound wheeled cage that fell on the injured worker's foot. The prior treatments were noted to be medications, physical therapy, and orthotics. The injured worker's diagnoses were noted to be status post metatarsal fracture and plantar fasciitis bilaterally. The injured worker had a clinical evaluation on June 4, 2014. He states he had been wearing shoe insoles given to him by his podiatrist and his foot pain was a 3/10. The objective findings were diminished range of motion of the lumbar spine with pain. He had full range of motion of the neck and his gait was normal and steady. The treatment plan included 2 months' refills of medication, and a recommendation for Tai Chi. The provider's rationale for the request was not provided within the documentation. The request for authorization for medical treatment was not provided within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Corticosteroid injection at the right foot, at the 3rd interspace-traumatic clinical neuroma and 1st metatarsophalangeal joint:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Injections (corticosteroid).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle, Injections (corticosteroid).

**Decision rationale:** The Ankle and Foot Complaints Chapter of the American College of the Occupational and Environmental Medicine (ACOEM) Practice Guidelines state that invasive techniques (such as needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective. The Official Disability Guidelines do not recommend corticosteroid injections. Corticosteroid injections are under study for heel pain. There is no evidence for the effectiveness of injected corticosteroid therapy for reducing plantar heel pain. Steroid injections are a popular method of treating the condition, but only seem to be useful in the short term and only to a small degree. The injured worker's foot pain at the time of evaluation was a 3/10. The injured worker indicated in the subjective complaints that medications are definitely helpful and allow him to stay more functional, giving him increased quality of life. The injured worker does not have any documentation to support failure of conservative care. The guidelines do not recommend corticosteroid injections. Therefore, the request for a corticosteroid injection at the right foot, at the 3rd interspace-traumatic clinical neuroma and 1st metatarsophalangeal joint, is not medically necessary or appropriate.