

Case Number:	CM14-0038877		
Date Assigned:	06/27/2014	Date of Injury:	10/19/2009
Decision Date:	07/31/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/02/2014

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 and is licensed to practice in Alabama, New York and Maryland. 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 50 year old male who was injured on 10/19/2009. The mechanism of injury is unknown. A progress report dated 02/27/2014 indicates the patient complained of continued pain to his feet, right greater than the left. His heel pain has decreased since using orthotics as well as the right splint. He rated his pain level as 2-3/10 with rest and 5-6/10 with repetitive activity. On exam, he has 1+ edema to both feet in the ankles. There is moderate tenderness noted to the plantar medial aspect of bilateral feet. There is moderate tenderness noted to the posterior tibial tendons throughout insertion with mild thickening. Range of motion to the forefoot, midfoot, hindfoot, and ankle is equal and bilaterally symmetrical except for loss of inversion to the subtalar joint at 8/20, loss of dorsiflexion at 0/10, loss of dorsiflexion to the right first metatarsal phalangeal joint at 40/70 and plantar flexion at 20/45. He also had moderate tenderness noted to the second and third webspace of his right foot. He has a positive compression test and a palpable mass on the plantar aspect of the second and third webspace, consistent with a traumatic neuroma. Diagnostic impressions are chronic posterior tibial tendinitis, right greater than left, chronic plantar fasciitis, hallux limitus right foot, chronic arthralgia, multiple joints, right foot, and traumatic neuroma. The treatment and plan included orthotics and night splint. There is a request documented for 3 cortisone nerve block injections to the second and third webspace of his right foot. Prior utilization review dated 03/17/2014 states the request for 3 Cortisone Nerve Block Injections to the second and Third Webspace of the Right Foot is partially authorized as it is supported by evidence based guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Cortisone Nerve Block Injections to the second and Third Webspace of the Right Foot:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ankle and Foot Page(s): page(s): 375-377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain(Trigger point injection)>, < Steroid block injections >.

Decision rationale: The ODG guidelines recommends the use of cortisone injection for the treatment of Mortons Neuroma in the setting of acute pain. The medical records document that the patient has relevant clinical examination findings suggestive of the Mortons neuroma. Further, the documents show that there is a request for 3 injections. There is no evidence based medicine to support the use of a series of injection in the treatment of the patient's condition. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary. A single injection with follow-up would be more appropriate.