

Case Number:	CM14-0097342		
Date Assigned:	07/28/2014	Date of Injury:	08/10/2010
Decision Date:	12/11/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/25/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine

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 26-year-old female who reported an injury on 08/10/2010. She suffered an injury to her left foot when a stack of dishes fell on her left foot and suffered a fracture to the left foot. On 02/20/2014, the injured worker presented with complaints of pain to the left greater toe joint, particularly with motion of the toe. Upon examination, no allodynia or hyperextension present to the left foot except directly over the scar of the left first metatarsal. There was intact sensation noted. There is pain upon palpation to the first metatarsal joint of the left foot, as well as with passive range of motion of the left greater toe joint. Diagnoses were Lapidus bunionectomy of the left foot with chronic pain syndrome. Other therapies were not provided. The provider recommended a series of 2 cortisone injections at the depth of the peroneal nerve, left foot. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 2 Corticosteroid injections at the deep paroneal nerve, left foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, steroid injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377.

Decision rationale: The request for a series of 2 corticosteroid injection of the deep peroneal nerve, left foot, is not medically necessary. The California MTUS/ACOEM Guidelines state that injections are recommended for injured workers with point tenderness in the area of the heel spur, plantar fasciitis, or Morton's neuroma. Injections should be comprised of lidocaine or

cortisone solution. There is lack of documentation previous courses of conservative therapy the injured worker underwent, to include physical therapy and medications. Additionally, the injured worker does not have point tenderness in the heel spur, plantar fasciitis, or Morton's neuroma to warrant a local injection of cortisone. As such, medical necessity has not been established.