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| Case Number: | CM15-0105296 | | |
| Date Assigned: | 06/09/2015 | Date of Injury: | 02/20/2013 |
| Decision Date: | 07/17/2015 | UR Denial Date: | 05/20/2015 |
| Priority: | Standard | Application Received: | 06/01/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Texas, New Mexico
 Certification(s)/Specialty: Anesthesiology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 49 year old female with a February 20, 2013 date of injury. A progress note dated April 22, 2015 documents subjective findings (history of left foot injury with a plantar flexion inversion; recently caught second toe causing it to be hyper plantar flexed, but had immediate improvement in terms of range of motion of the toe and ability to do toe raises and single limb heel rise; feels she is having limitation still now due to the third and possibly fourth toes; pain rated at a level of 1-3/10), objective findings (neurovascularly intact; tenderness to palpation around the third, fourth, and fifth metatarsals more so distally; second toe feeling better; less pain with metatarsophalangeal range of motion of the second toe; tender to palpation plantarly along the arch), and current diagnoses (left foot injury/contusion, complicated by neuritis/chronic regional pain syndrome; apparent lesser metatarsophalangeal contractures, improved in the second toe after recent injury). Treatments to date have included imaging studies, physical therapy, nerve block, medications, and diagnostic testing. The treating physician documented a plan of care that included injections of Lidocaine and Marcaine with manipulation of the left third toe.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for injections anesthesia of Lidocaine +25% Marcaine to the left 3rd toe, done on 4/22/15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ankle and Foot Complaints - Injections Page(s): 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) - Injection with anesthetic and/or steroid.

Decision rationale: This is a review for the requested injection of lidocaine + 25% marcaine to the left 3rd toe. In general invasive techniques are of questionable merit. According to the Occupational Medicine Practice Guidelines, injections are recommended in cases of heel spurs, plantar fasciitis or Morton's neuroma. According to the ODG, in general, pain injections should, at a minimum relieve pain by 50% for a specified period of time, reduce the use and need for pain medications, improve function and facilitate a return to work. There is documented evidence of previous injections in 2014. There is no clearly documented evidence of improvement in function, return to work or minimum of 50% pain relief. Therefore, the above listed issue is not medically necessary.