

<b>Case Number:</b>	CM15-0018373		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	02/16/2009
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 65 year old male who sustained a work related injury on February 16, 2009, after falling off a ladder incurring injuries to the right foot. Treatments included cortisone injections to the right foot, alcohol sclerosing injections, pain medications, orthopedic shoes, and orthotics and foot surgery with postoperative physical therapy. Currently, in November 2014, the injured worker complained of continued pain in the right foot. On January 23, 2015, a request for a service of Cortisone Injection times 2 in the right foot was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule/American College of Occupational and Environmental Medicine Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Right Foot Cortisone Injections X 2: Upheld**

**Claims Administrator 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, treatment index, 11th edition (web), 2014, Ankle & Foot (Acute & Chronic), Injections (corticosteroid).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot, Injections (corticosteroid).

**Decision rationale:** Steroid injections are not recommended for tendonitis or Morton's Neuroma. Intra-articular corticosteroids are not recommended. There is no evidence for the effectiveness of injected corticosteroid therapy for reducing plantar heel pain. There are no random control trials to support corticosteroid injections in the treatment of Morton's Neuroma. In this case the diagnosis is consistent with neuroma. Medical necessity has not been established. The request should not be authorized.