

Case Number:	CM15-0133004		
Date Assigned:	07/24/2015	Date of Injury:	09/07/2008
Decision Date:	08/27/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/09/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 53-year-old female who sustained an industrial injury on 9/7/2008 resulting in left foot pain and swelling and subsequent reporting of tearfulness and hopelessness. She has been diagnosed with plantar fasciopathy and depression. Treatment has included a Toradol injection providing 1.5 weeks of relief; home exercise; aquatic therapy; and, medication. The injured worker continues to report left foot pain and depressive symptoms. The treating physician's plan of care includes cortisone injections to the left second and third interspace for neuroma, and a psychiatric consult. She is presently not working. The patient sustained the injury due to slip and fall incident. The patient has had MRI of the lumbar spine on 9/30/2010 that revealed disc protrusions, foraminal narrowing, The medication list include Diazepam, Oxycodone, Topamax, Voltaren gel, Naproxen, Lidoderm patch and Oxymorphone. The patient's surgical history includes left foot surgery on 6/12/2014 and 8/10/2014 and laminectomy of low back. The patient has had history of exploration of neuroma. Per the note dated 5/18/15 the patient had complaints of pain in left foot I the area of 2nd and third toe. The patient has had feeling of depression, crying spell, anxiety and sadness. The patient has had history of severe depression, anxiety, panic attacks, sleep apnea, insomnia and uterine cancer. Physical examination of the left foot revealed positive Tinel sign, tenderness on palpation and swelling. The patient had received an unspecified number of the PT and CBT visits for this injury. Patient had received cortisone injection in left foot for this injury with temporary relief in pain. The patient had used a TENS unit, Orthotic, post op shoe and cane for this injury. The patient has had

Ultrasound of left foot that revealed neuroma. The patient's surgical history includes back surgery and foot surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injections left 2nd & 3rd interspace with ultrasound guidance, Qty: 2.00: 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), Foot and ankle injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Ankle & Foot (updated 06/22/15) Steroid injection.

Decision rationale: Request: Cortisone injections left 2nd & 3rd interspace with ultrasound guidance, Qty: 2.00 CA MTUS and ACOEM do not specifically ACOEM and CA MTUS do not address. Per the ODG cited below for steroid injection "Under study" ... (McLauchlan, 2002) Most evidence for the efficacy of intra-articular corticosteroids is confined to the knee, with few studies considering the joints of the foot and ankle. No independent clinical factors were identified that could predict a better post injection response. The cited guideline the right foot corticosteroid injection is under study and there is little information available from trials to support the use of left foot corticosteroid injection. As per records provided patient pain was relieved with rest. Patient had received cortisone injection in left foot for this injury with temporary relief in pain. Any significant functional improvement after cortisone injection lasting for a long period was not specified in the records provided. Rationale for repeating cortisone injection was not specified in the records provided. The patient had received an unspecified number of the PT visits for this injury. The detailed response to previous conservative therapy including PT and pharmacotherapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The request for Cortisone injections left 2nd & 3rd interspace with ultrasound guidance, Qty: 2.00 is not medically necessary or fully established for this patient.

Psychiatrist, Qty: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations.

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise". The patient has had feeling of depression, crying spell, anxiety and sadness. The patient has had history of severe depression, anxiety, panic attacks, sleep apnea, insomnia and uterine cancer. The medication list includes Diazepam, Oxycodone, Topamax, Voltaren gel, Naproxen, Lidoderm patch and Oxymorphone. The patient had received an unspecified number of the PT and CBT visits for this injury. Therefore this a complex case and the patient is also on more than one controlled substances. The management of this case would be benefited by a Psychiatrist. The request for referral to a Psychiatrist is medically necessary and appropriate for this patient.