MAXIMUS Federal Services

Case Number:	CM15-0147477		
Date Assigned:	08/10/2015	Date of Injury:	11/22/1998
Decision Date:	09/09/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	07/30/2015

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: California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 47 year old male with an industrial injury dated 11-22-1998. The injury is documented as a fall with injury to left ankle. His diagnoses included plantar fasciitis, left greater than right; peroneal tendinitis, left greater than right; capsulitis left greater than right; lumbar radiculitis, lumbar sprain-strain, diabetic peripheral neuropathy, calcaneal spur-bilateral bursitis and reflex sympathetic dystrophy on the left side (per patient). Prior treatment included medications, gastrointestinal consult (symptoms related to side effects of medications) with endoscopy, left ankle surgery, walker, pain management and medications. The provider's progress note on 07-08-2015 reported follow up of bilateral feet and ankle pain in which the injured worker noted he was "doing a bit better." The injection given at last appointment into sinus tarsi had been helpful. Foot pain was rated as 6-7/10; however he continued to have sharp burning pain underneath both heels - arches which he rated as 8 out of 10. Physical exam noted no sign of vascular compromise. There was increased pain with palpation of bilateral calcaneal bodies which was worse since his last visit. Ankle joint dorsiflexion was decreased. Treatment plan included Unna boot, x-ray, and continue treatments with therapist, podiatry follow up, injections and ultrasound guidance for needle placement. The treatment request for review is for 2 injections and 2 ultrasound guidance for needle placement.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Injections: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 14 Ankle and Foot Complaints Page(s): Chp 3 pg 48-9; Chp 14 pg 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot & Ankle Injections (corticosteroid) and Other Medical Treatment Guidelines Thomas JL, et al; American College of Foot and Ankle Surgeons heel pain committee. The diagnosis and treatment of heel pain: a clinical practice guideline-revision 2010. J Foot Ankle Surg. 2010 May-Jun; 49 (3 Suppl):S1-19.

Decision rationale: There is limited research-based evidence or random controlled studies to endorse or disapprove use of corticosteroid injections. ACOEM recommends its use for plantar fasciitis or Morton's Neuroma but notes that this procedure should be reserved for patients who are not improving with 4-6 weeks of conservative therapy. The ODG also notes limited research-based evidence for use of this procedure for plantar fasciitis but notes it only gives short-term benefit and the procedure is not recommended for Achilles tendonitis, Morton's Neuroma or for intra-articular use. The American College of Foot and Ankle Surgeons guideline found good evidence to support initial and repeat steroid injections as second tier treatment when initial conservative therapy did not control a patient's symptoms. Conservative treatment did fail to control this patient's symptoms and a recent steroid injection decreased the patient's pain from 8/10 to 6/10 (25% reduction). A repeat injection is an option in therapy. Medical necessity for this procedure has been established.

2 Ultrasound Guidance for Needle Placement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Ultrasound imaging (sonography) is a noninvasive technique used for visualizing internal body structures including tendons, muscles, joints, vessels and internal organs for possible pathology or lesions. It is usually use for diagnosis although it can be used as an imaging guide for intra-articular or soft-tissue injections to help improve accuracy. The MTUS does not discuss this use for ultrasound. According to the ODG an experienced clinician using conventional anatomical guidance is generally adequate for soft tissue injections. Thus, ultrasound guidance for soft-tissue injections is not generally recommended. However, it can be helpful for intra-articular injections as ultrasound guidance may improve the accuracy and reduce procedural pain in some cases. This patient had recently a soft-tissue injection that improved his symptoms. Another injection is being considered. There is no indication in the medical records that the second injection requires ultrasound guidance to improve the outcome. Medical necessity has not been established, therefore is not medically necessary.