

Case Number:	CM15-0161510		
Date Assigned:	08/27/2015	Date of Injury:	09/26/1995
Decision Date:	10/02/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/17/2015

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, New York, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand, wrist, and foot pain reportedly associated with an industrial injury of September 26, 1995. In a Utilization Review report dated August 12, 2015, the claims administrator failed to approve requests for a series of three ankle corticosteroid injections and a series of three Morton's neuroma injections. The claims administrator referenced an RFA form received on July 29, 2015 and an associated progress note of July 8, 2015 in its determination. The claims administrator contended that the applicant had received multiple such injections in the past, without benefit. The applicant's attorney subsequently appealed. On an RFA form dated July 8, 2015, Morton's neuroma injections and multiple joint injections were endorsed. In an associated progress note of the same date, July 8, 2015, the applicant reported ongoing complaints of ankle pain. The attending provider noted that the applicant was also receiving viscosupplementation injections. The attending provider contended that the applicant needed to pursue the injections in question on the grounds that a concomitantly proposed neuroma excision surgery had been denied through the UR and/or IMR processes. Ankle corticosteroid injections were performed while Celebrex and Vicodin were renewed. The applicant's work status was not detailed. In a progress note dated April 30, 2015, the treating provider again reiterated her request for a series of three corticosteroid injections. Once again, the applicant's work status was not detailed. On February 9, 2015, the applicant's treating provider again suggested that the applicant pursue a Morton's neuroma excision procedure owing to the failure of conservative care. On April 14, 2015, the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Series of 3 joint injections to the lateral gutter of the left ankle with Kenalog Ten 0.25ml and 0.5% plain Marcaine: Upheld

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

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

Decision rationale: No, the request for a series of three joint injections to the left lateral ankle was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 376, repeated or frequent injections to the foot and ankle are deemed 'not recommended'. As acknowledged by the attending provider on multiple progress notes made in early 2015, referenced above, the applicant had in fact received multiple corticosteroid injections in 2015 alone, including on July 8, 2015. Pursuit of a repeat series of three additional injections, particularly without a proviso to reevaluate the applicant between each injection so as to ensure a favorable response to the same before moving forward with further injections, thus, was at odds with the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 376. Therefore, the request was not medically necessary.

1 Series of 3 Morton neuroma injections with Kenalog Ten 0.25ml and 0.5% plain Marcaine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 378.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 8.

Decision rationale: Similarly, the request for a series of three Morton's neuroma injections was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 376 does acknowledge that Morton's neuroma is a condition generally amenable to a local injection of lidocaine-cortisone, this position is, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 376 to the effect that repeated or frequent injections are 'not recommended' and by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, it did not appear that multiple previous injections to the Morton's neuroma at issue were successful in terms of the functional improvement parameters established in MTUS 9792.20e. The applicant's work status was not outlined on July 8, 2015, suggesting that the applicant was not, in fact working. The applicant remained dependent on analgesic medications to include

Celebrex and Vicodin, both of which were renewed on that date. An earlier note of April 14, 2015 suggested that the applicant was off of work, on total temporary disability, as of that point in time. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of multiple Morton's neuroma injections. The MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 376, moreover, argues against frequent repeated injections, as were proposed here. Therefore, the request is not medically necessary.