

Case Number:	CM15-0166376		
Date Assigned:	09/04/2015	Date of Injury:	06/11/2014
Decision Date:	10/08/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/24/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 39 year old male who sustained an industrial injury on 6-11-2014, after a steel rack fell on his left foot. The injured worker was diagnosed as having lesion of the plantar nerve and reflex sympathetic dystrophy of the lower limb. Treatment to date has included diagnostics, medications, special shoe, cortisone injections, and physical therapy. Computerized tomography of the left foot (3-31-2015) noted osseous healing of the first metatarsal head and second metatarsal neck fractures. Currently, the injured worker complains of left foot edema and pain in his forefoot area. It was much more noticeably swollen than his other foot. It was documented that his pain and symptoms did commensurate with Morton's neuroma, including numbness, tingling, and shooting pains. This was localized to the second interspace, likely representing a traumatic Morton's neuroma. He received a corticosteroid injection in the second interspace of the left foot. The treatment plan included three neuroma injections to the left foot, which was non-certified by Utilization Review on 8-11-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three Neuroma injections to the left foot: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, Ankle and Foot Chapter.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), Morton's neuroma treatment.

Decision rationale: Per the cited ACOEM guidelines, invasive techniques (e.g. injection) for the ankle and foot have no proven value, except corticosteroid injection into the affected web space in workers with Morton's neuroma. ODG however, recommends alcohol injections and surgery if no improvement following conservative care. In addition, 6 months of conservative therapies must have been attempted and have been documented as having failed for use of alcohol injections. In the case of this injured worker, recent treating provider notes discussed the use of Marcaine or bupivacaine with triamcinolone acetate in a three series injection for a traumatic Morton's neuroma. The provider stated if the steroid injections are unsuccessful, then alcohol injections would follow, and if necessary, surgery. Based on the most recent ODG guidelines, three neuroma injections are not medically necessary and appropriate.