

Case Number:	CM15-0183822		
Date Assigned:	09/24/2015	Date of Injury:	11/30/2006
Decision Date:	10/29/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/18/2015

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: Arizona, 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:

This 57 year old male sustained an industrial injury on 11-30-06. Documentation indicated that the injured worker was receiving treatment for low back pain, ankle pain, foot pain, insomnia, depression and anxiety. Previous treatment included physical therapy, injections and medications. In a progress note dated 5-21-15, the injured worker complained of severe low back and ankle pain, rated 5 out of 10 on the visual analog scale. The injured worker was having difficulty walking due to ankle swelling. Physical exam was remarkable for right ankle and foot with "significant" swelling, point tenderness in the dorsal aspect of the foot, with ecchymosis on the dorsal aspect of the ankle. The injured worker had difficulty bearing weight and was limping. The injured worker received an injection during the office visit. The treatment plan included a podiatry referral. In a PR-2 dated 8-13-15, the injured worker reported that right ankle swelling and tenderness was worse, rate 6 out of 10 on the visual analog scale. The physician noted that injections had worked in the past. Physical exam was unchanged. The treatment plan included a pain management consultation and trigger point injections for the foot. On 8-24-15, Utilization Review noncertified a request for trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Summary.

Decision rationale: In this case, the claimant has received injections in the past with benefit in the prior months preceding the current request. The guidelines recommend injections for neuroma, heel spurs and fasciitis. The claimant did not have these diagnoses. It is not recommended to provide frequent injections. The request for additional trigger point injections does not meet the guidelines recommendations and are not medically necessary.