MAXIMUS Federal Services

Case Number:	CM15-0201358		
Date Assigned:	10/16/2015	Date of Injury:	05/24/2012
Decision Date:	12/21/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/13/2015

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, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

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 58-year-old male, with a reported date of injury of 05-24-2012. The diagnoses include bilateral Achilles tendonitis, left foot 5th met-cuboid arthralgia and tendonitis, bilateral plantar fasciitis, and status post removal of loosened painful hardware left heel. Treatments and evaluation to date have included orthotics, Baclofen, Norco, Voltaren gel, steroid injections, left foot bone and soft tissue removal on 05-15-2014 and 06-16-2014, and osteotomy of the calcaneus in the left foot on 05-15-2014. The diagnostic studies to date have included an x-ray of the bilateral ankles on 06-03-2015 which showed open reduction and internal fixation (ORIF) of the left calcaneus with Achilles tendinopathy and calcaneal spur; an x-ray of the bilateral feet on 06-03-2015 which showed ORIF of left calcaneus with prominent heel spur and Achilles tendinopathy and bilateral pes planus; and x-ray of the right calcaneus on 09-08-2015 which showed no acute fracture, no evidence of calcaneal spur, and post-operative changes involving the soft tissue in the posterior aspect of the calcaneus. The medical report dated 09-21-2015 indicates that the injured worker underwent the removal of hardware two weeks prior. He reported minimal pain on the surgical site. The injured worker presented with complaints of bilateral plantar heel pain. He was doing stretching and using orthotics. The objective findings include foot warm to touch, normal color in the foot, intact light touch, no hyperesthesia (excessive physical sensitivity), tenderness to palpation of the bilateral posterior heel at Achilles tendon insertion and bilateral plantar heel at medial tubercle, tenderness to palpation on the left lateral foot at styloid, fifth metatarsal and mid-foot joints and pain with range of motion of the ankle and foot joints with dorsiflexion. The request for authorization was dated 09-22-2015.

The treating physician requested trigger point injection and peripheral nerve block and custom orthotics and strapping for ankle. On 09-30-2015, Utilization Review (UR) non-certified the request for trigger point injection and peripheral nerve block and custom orthotics and strapping for ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid injection-trigger point to bilateral heels: 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): Diagnostic Criteria, Surgical Considerations, and Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS), Trigger point injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Lower extremities.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe musculoskeletal pain when conservative treatments with medications and physical therapy have failed. The records did not show subjective or objective findings consistent with the diagnosis of exacerbation of lower extremities condition. The physical examination report indicated that the absence of color changes, allodynia and hyperpathia indicating the absence of CRPS. There is indication of symptomatic improvement and functional restoration following the recent surgical procedures. There is no indication that conservative treatment with medications including neuropathic co-analgesic and physical treatments have failed. The criteria for steroid injection - trigger point to bilateral heels was not met. The request is not medically necessary.

Peripheral nerve block to the posterior tibial nerves with lidocaine: 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): Diagnostic Criteria, Surgical Considerations, and Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS), Trigger point injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter CRPS Lower extremities.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe musculoskeletal pain when conservative treatments with medications and physical therapy have failed. The records did not show subjective or objective findings consistent with the diagnosis of exacerbation of lower extremities condition. The physical examination report indicated that the absence of color changes, allodynia and hyperpathia indicating the absence of CRPS. There is indication of

symptomatic improvement and functional restoration following the recent surgical procedures. There is no indication that conservative treatment with medications including neuropathic co-analgesic and physical treatments have failed. The criteria for peripheral nerve block to the posterior tibial nerves with lidocaine was not met. The request is not medically necessary.

Custom orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

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) Pain Chapter DME -Orthotics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Durable Medical Equipment (DME) can be utilized in the management of severe musculoskeletal conditions to improve mobilization, physical function and decrease disability. The use of DME can be beneficial for patients with severe physical limitation and functional activity. The records did not show subjective or objective findings consistent with the diagnosis of functional deficit or physical limitation. The physical examination report indicated that the absence of significant reduction in range of motion and function. There is indication of symptomatic improvement and functional restoration following the recent surgical procedures. There is no indication that conservative treatment with physical treatments and home exercise program have failed. The criteria for the use of Custom orthotics was not met. The request is not medically necessary.

Strapping for ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods, Activity Alteration, and Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter DME.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Durable Medical Equipment (DME) can be utilized in the management of severe musculoskeletal conditions to improve mobilization, physical function and decrease disability. The use of DME can be beneficial for patients with severe physical limitation and functional activity. The records did not show subjective or objective findings consistent with the diagnosis of functional deficit or physical limitation. The physical examination report indicated that the absence of significant reduction in range of motion and function. There is indication of symptomatic improvement and functional restoration following the recent surgical procedures. There is no indication that conservative treatment with physical treatments and home exercise program have failed. The criteria for the Strapping for the ankle was not met. The request is not medically necessary.