

<b>Case Number:</b>	CM15-0202803		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	08/04/2010
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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, 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 is a 52 year old male patient, who sustained an industrial injury on 08-04-2010. The diagnoses include bilateral plantar fasciitis- status post right plantar fascia release in 2013 with worsening of his symptoms. Per the doctor's note dated 9/17/15, he had complaints of pain in low back, left knee and bilateral heels. Pain with medication was noted as 5 out of 10 and without 8-9 out of 10. The physical examination revealed orthotic shoe inserts in both feet and demonstrated normal gait and stance. Per the note dated 7/6/15, the physical examination revealed some hyperesthesia on palpation of the infracalcaneal nerve of the right heel, pain on palpation to the plantar aspect of the right heel, some pain on mediolateral squeeze test of the right calcaneus. The current medications list includes Norco, Naprosyn and Omeprazole. He has undergone right plantar fascia release in 2013. He had lumbar spine MRI dated 6/11/15 which revealed multilevel degenerative changes. Treatments to date included physical therapy and medication. The patient was noted to be working sedentary work only. The patient has exhausted conservative treatment. The Utilization Review (UR) was dated 10-05-2015. A Request for Authorization was dated 09-24-2015. The UR submitted for this medical review indicated that the request for alcohol sclerosing injections series of 7 (1 weekly) for the right foot was modified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alcohol sclerosing injections series of 7 (1 weekly) right foot: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Ankle & Foot/Alcohol injections (for Morton's neuroma).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Ankle & Foot (updated 11/09/15), Alcohol injections (for Morton's neuroma).

**Decision rationale:** Request is for Alcohol sclerosing injections series of 7 (1 weekly) for the right foot. Per the cited guidelines, "Invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective." In addition per the ODG, alcohol injection is recommended as an option as indicated below. Morton's neuroma is a common cause of metatarsalgia. No single treatment has been identified in the literature. Stepped care is recommended: patient education and foot-wear or insole changes, followed by alcohol injections, and, finally, surgery. Ultrasound guided alcohol ablation for the treatment of Morton's neuroma has been a safe procedure that significantly reduces pain and may offer an alternative therapy to surgery. However, injecting sclerosing alcohol depends on the provider's access to and comfort with ultrasound. Alcohol injection of Morton's neuroma has a high success rate and is well tolerated. Criteria for alcohol injections for Morton's neuroma is, A. 6 months of conservative therapies have been attempted and have been documented as having failed: 1. Change in shoe types that are reported to result in neuroma-like symptoms. 2. Change or limitation in activities that are reported to result in neuroma-like symptoms. 3. Use of metatarsal pads (placed proximal to the metatarsal heads) to reduce pressure on the nerve by spreading the metatarsals. B. Injections are expected to be performed according to the following protocol: 1. Ultrasonic imaging guidance (depends on the provider's access to and comfort with ultrasound). 2. If there is a clinically significant positive response - symptoms reduced - reported and documented after 2 injections, up to 3 additional (or less if the patient reports elimination of neuroma symptoms) at 14 day intervals." Per the records provided that patient has chronic bilateral heel pain. Per the note dated 7/6/15, the physical examination revealed some hyperesthesia on palpation of the infracalcaneal nerve of the right heel, pain on palpation to the plantar aspect of the right heel, some pain on mediolateral squeeze test of the right calcaneus. The patient has tried conservative treatment including medications, physical therapy and shoe inserts. The cited guidelines recommended initial 2 injections and up to 3 additional (or less if the patient reports elimination of neuroma symptoms) at 14 day intervals. Therefore the requested injections are more than the recommended by the cited criteria. In addition, the cited guidelines recommended injection at 14 days intervals. The injections were requested weekly, not every 14 days. The medical necessity of the request for Alcohol sclerosing injections series of 7 (1 weekly) for the right foot, is not fully established in this patient at this time. The request is not medically necessary.