

Case Number:	CM15-0205787		
Date Assigned:	10/22/2015	Date of Injury:	08/03/2001
Decision Date:	12/10/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/19/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old female with a date of injury on 8-3-01. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lower back pain and right ankle pain. Progress report dated 8-24-15 reports complaints of right foot and ankle pain with numbness and swelling. She has a painful lump under her foot. She states that that her work station is very uncomfortable and is requesting orthotic. Objective findings: tenderness to palpation plantar right 3rd inter-space, no pain with MTP joint range of motion, negative anterior drawer and no ligamentous laxity to the right ankle. X-ray on 12-17-14 shows complete fusion is within normal limits. Treatments include: medication, physical therapy, orthotics, lumbar fusion (6-6-12). Request for authorization was made for 3 Cortisone injections (20550), spaced 1- 2 weeks apart. Utilization review dated 10-2-15 modified the request to certify 1 cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Cortisone injections (20550), spaced 1-2 weeks apart: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Foot and ankle chapter, Injections (corticosteroid).

Decision rationale: The records indicate the patient has chronic right foot pain and low back pain. The current request is for 3 cortisone injections (20550), spaced 1-2 weeks apart. The attending physician report dated 8/28/15 recommends 3 cortisone injections spread 1-2 weeks apart into a right foot neuroma for the patient's persistent pain. The ODG has this to say regarding injections for the foot and ankle: Not recommended for tendonitis or Morton's Neuroma, and does not recommend intra-articular corticosteroids. In this case, the injection is for a neuroma into the right foot. Furthermore, the request for 3 injections is also not consistent with guidelines. Additional injections are predicated on how effective the first injection is both with regard to pain relief and improved function. The current request is not medically necessary, as it is not consistent with the ODG guidelines.