

<b>Case Number:</b>	CM15-0027559		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	12/05/1996
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 71 year old female, who sustained an industrial injury on December 5, 1996. Her diagnoses include plantar fasciitis and neuromas of the second and third metatarsal interspaces of bilateral feet. She has been treated with 7 alcohol injections at the right second and third interspace, ice as needed, foot orthoses, and oral and topical pain, anti-epilepsy, antidepressant, proton pump inhibitor, and non-steroidal anti-inflammatory medications. On November 14, 2014, her treating physician reports increased right foot neuroma pain, unchanged bilateral plantar fascial pain, and unchanged bilateral tarsal tunnel pain since the last visit. She has been semi-compliant with using the prescribed foot orthoses in supportive athletic shoe gear during all weight bearing and non-compliant with active pursuing of weight loss. The physical exam revealed a mildly decreased bilateral dorsalis and posterior tibialis pulses, intact deep tendon reflexes, and intact sensation without focal motor or sensory deficits of the bilateral lower extremities. There is severe neritic tenderness over the right lower extremity with positive Tinel's sign and negative Valleix's sign. There is mild to moderate neritic tenderness over the left lower extremity with negative Tinel's and Valleix's signs. There is mild to moderate edema of the bilateral lower extremities. There is severe tenderness to palpation at the plantar ball at the right foot second and third metatarsal interspace, positive Mulder's and Tinel's sign, and negative Valleix's sign. There is moderate tenderness to palpation at the plantar ball at the left foot third metatarsal interspace, positive Mulder's and Tinel's sign, and negative Valleix's sign. There is severe tenderness to palpation at the plantar ball at the left foot second metatarsal interspace,

positive Mulder's and Tinel's sign, and negative Valleix's sign. There is severe tenderness to palpation about the medial and middle slips of the left plantar fascia with/without crepitation, slight increased warmth, and mild edema. There is moderate tenderness to palpation tenderness to palpation about the medial and middle slips of the left plantar fascia with/without crepitation, slight increased warmth, and mild edema. On January 26, 2015, Utilization Review non-certified a request for a corticosteroid injection of the right foot third metatarsal interspace, noting the guidelines do not recommend corticosteroid injections for neuromas, and the lack of evidence of significant functional improvement from the prior injection. The California Medical Treatment Utilization Schedule (MTUS), ACOEM (American College of Occupational and Environmental Medicine) Guidelines and the Official Disability Guidelines (ODG) were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Corticosteroid injection, 3rd metatarsal interspace, right foot: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Ankle & Foot Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle and Foot, Injections

**Decision rationale:** ODG states "Not recommended for tendonitis or Morton's Neuroma, and not recommend intra-articular corticosteroids." ODG additionally states "Criteria for alcohol injections for Morton's neuroma: A. 6 months of conservative therapies have been attempted and have been documented as having failed: Change in shoe types that are reported to result in neuroma-like symptoms. Change or limitation in activities that are reported to result in neuroma-like symptoms. 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: Ultrasonic imaging guidance (depends on the provider's access to and comfort with ultrasound). 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. If, however, two consecutive injections fail to achieve continued and clinically significant symptom improvement, subsequent injections would be not necessary." The patient is diagnosed with neuromas and guidelines recommend against steroid injections for neuromas. While the patient had an injection over a year ago, the treating physician does not detail the outcome of the injection and provide a rationale to exceed guidelines. As such, the request for Corticosteroid injection, 3rd metatarsal interspace, right foot is not medically necessary.