

Case Number:	CM15-0216789		
Date Assigned:	11/06/2015	Date of Injury:	01/29/2014
Decision Date:	12/18/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/03/2015

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

Certification(s)/Specialty: Emergency Medicine

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 36-year-old male who sustained an industrial injury on 1-29-2014 and has been treated for back pain and bilateral plantar fasciitis. Diagnostic nerve conduction studies were stated as "normal." An MRI 7-21-2015 was "negative to any process other than plantar fasciitis and heel spur." On 10-2-2015 the injured worker reported "no change in symptoms." Objective findings include Pain with palpation to the insertion of the plantar fascia and along the outside medial slip of the fascia to both feet. Documented treatment includes orthotics, night splint, physical therapy, Norco, and Gabapentin. The physician states they are considering a future fasciitis release. The treating physician's plan of care includes four bilateral unspecified foot injections administered as one in each foot four weeks apart which was denied on 10-29- 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral foot injections, times 4 (1 in each foot 4 weeks apart): 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): Summary, Physical Methods.

Decision rationale: As per ACOEM 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. Provider has failed to provide documentation of appropriate conservative therapy and what the justification for injections are. Provider has noted plans for surgery which invalidates any need for injections. Not medically necessary.