

Case Number:	CM15-0224145		
Date Assigned:	11/20/2015	Date of Injury:	01/19/2015
Decision Date:	12/30/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/13/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53-year-old male who sustained an industrial injury on 01-19-2015. According to a podiatric re-evaluation report dated 10-07-2015, the injured worker was seen for left foot pain. He reported that he had five sessions of physical therapy, and it was getting worse instead of better. He was also experiencing heel pain due to compensation from the injury and pain along the ball of the foot. He was not able to wear shoes for a prolonged period of time, and he was not able to weight bear for a prolonged period of time. He had been using the orthotics, which helped about 20 percent. There was pain with palpation of the third interspace of the left foot with shooting pain to the third and fourth digits. There was pain along the plantar fascia and the medial band. X-rays of the left foot showed a spur along the talar mid foot and along the calcaneotubercle heel. It was negative for any metatarsal fractures or stress fractures. The provider noted that authorization for three alcohol sclerosing therapy injections would be helpful to sclerose the nerve and get symptoms under control. A [REDACTED] boot was applied to get the swelling down so he could get into his shoes. Follow up was indicated in 2-3 days. The injured worker would not be returning to work. An authorization request dated 10-20-2015 was submitted for review. The requested services included alcohol sclerosing injections 3. On 10-27-2015, Utilization Review non-certified the request for alcohol injection to the left foot #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alcohol Injection to the left foot # 3: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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) Ankle Chapter/Alcohol injections (for Morton's neuroma) Section.

Decision rationale: Per the MTUS 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. Per the ODG, alcohol injections are recommended as an option in the following cases: (1) Six months of conservative therapies have been attempted and have been documented as having failed to include, 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. (2) 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 three 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; Change or limitation in activities that are reported to result in neuroma-like symptoms. In this case, although the injured worker is noted to have been using the orthotics which helped about 20 percent it is unclear for how long he has trial the use of the orthotics. It is not evident that the injured worker has trialed six months of conservative therapies. The request for alcohol injection to the left foot #3 is determined to not be medically necessary.