MAXIMUS Federal Services

Case Number:	CM15-0039308		
Date Assigned:	03/09/2015	Date of Injury:	02/16/2009
Decision Date:	04/14/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/02/2015

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: Massachusetts
Certification(s)/Specialty: Anesthesiology, Pain Management

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 66 year old male sustained a work related injury on 02/16/2009. According to a progress report dated 02/10/2015, the injured worker was seen in follow-up for right foot and ankle pain. He had pain along the third interspace of the right foot with a palpable mass. Physical examination revealed pain along the mid right foot as well as along the anterior talofibular ligament of the right ankle. He had pain with prolonged standing and walking and collapse of the mid right foot. He reported that symptoms had gotten worse since the sclerosing therapy injections were stopped. According to the provider, the injured worker was not a surgical candidate due to a history of a blood clot. Ankle/foot orthoses and orthopedic shoes were not authorized. The provider noted that a cortisone injection would decrease the swelling of the nerve and the tissue so that he would be able to stay in his shoes for a longer period of time. The provider noted that the injured worker could return to work without restrictions. Documentation submitted for review indicated that the injured worker had alcohol sclerosing therapy injections to the right foot during office visits on 09/04/2014, 09/29/2014, 11/03/2014 and 11/24/2014, 12/16/2014 and a cortisone injection to the right foot on 12/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Cortisone injections to the 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

Decision rationale: According to the ACOEM, Injections of corticosteroids or local anesthetics or both should be reserved for injured workers who do not improve with more conservative therapies. There is good evidence that glucocorticoid injections reduce lateral epicondylar pain. However, there is also good evidence that the recurrence rates are high. On the other hand, pain at the time of recurrence is generally not as severe. Thus, despite the problems with recurrence, there is support for utilizing corticosteroid injections in select cases to help decrease overall pain problems during the disorders natural recovery or improvement phase. Quality studies are available on glucocorticoid injections and there is evidence of short-term benefits, but not long-term benefits. This option is invasive, but is low cost and has few side effects. Thus, if a non-invasive treatment strategy fails to improve the condition over a period of at least 3-4 weeks, glucocorticoid injections are recommended (Evidence (B), Moderately Recommended). Repeat injections must be based on objective functional improvement. The request for 3 injections at the outset is in contrast to the guidelines as set forth in the ACOEM. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.