

Case Number:	CM15-0232986		
Date Assigned:	12/08/2015	Date of Injury:	10/22/2015
Decision Date:	01/20/2016	UR Denial Date:	11/16/2015
Priority:	Standard	Application Received:	11/30/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 44 year old male with a date of injury on 10-22-15. A review of the medical records indicates that the injured worker is undergoing treatment for right heel pain. Progress report dated 11-6-15 reports continued complaints of right foot pain and weakness. The symptoms are exacerbated by movement and relieved by rest and elevation. Physical exam: range of motion of ankle is pain free and normal on both feet, both feet pronate and the left is worse. The patient had 5/5 strength, no crepitus, no instability X-rays of both feet 11-6-15 showed plantar heel spur in the right foot moderately large and left heel shows very small spur and no arthritis. Impression: right foot plantar fasciitis and abnormal gait bilateral feet. Request for authorizations was made for Retrospective Lidocaine Injection of Right Foot Date of Service: 11/6/15. Utilization review dated 11-16-15 non-certified the request. The medication list includes Prednisone, Prilosec and Ibuprofen. The patient had received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lidocaine Injection of Right Foot Date of Service: 11/6/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle and Foot Chapter.

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) Chapter: Ankle & Foot (updated 11/09/15).

Decision rationale: Retrospective Lidocaine Injection of Right Foot Date of Service: 11/6/15
Injections (corticosteroid): Per the cited guidelines "Invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value." Physical examination revealed range of motion of right ankle was pain free and normal, 5/5 strength, no crepitus, no instability. Significant functional deficits on physical examination that would require Lidocaine Injection of the right foot was not specified in the records provided. The patient had received an unspecified number of PT visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. A failure of conservative therapy is not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The request for Retrospective Lidocaine Injection of Right Foot Date of Service: 11/6/15 is not medically necessary.