

<b>Case Number:</b>	CM14-0141203		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/14/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 43-year-old male with a reported date of injury on 02/14/2013. The mechanism of injury was noted to be from a fall. His diagnoses were noted to include right L5 radiculopathy and right tarsal tunnel syndrome. His previous treatments were noted to include medications and epidural steroid injection. The progress note dated 03/17/2014 revealed complaints of numbness to the right foot. The provider indicated an electromyography/nerve conduction study performed 02/20/2014 was consistent with a right tarsal tunnel syndrome. The provider indicated he had recommended an injection in the right tarsal tunnel region to see if this would alleviate some of the numbness he was experiencing. The progress note dated 07/10/2014 revealed complaints of the bilateral feet causing pain. The physical examination revealed mildly guarded gait and decreased sensation to the right foot. The Request for Authorization form dated 07/02/2014 was for a right foot tarsal tunnel cortisone injection for numbness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone Injection Right Foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Occupational Medical Practice Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot, Injections (corticosteroid).

**Decision rationale:** The request for Cortisone Injection Right Foot is not medically necessary. The injured worker complained of numbness to the right foot. The Official Disability Guidelines do not recommend corticosteroid injections for tendonitis or Morton's neuroma. The corticosteroid injections are under study for heel pain. There is no evidence for the effectiveness of injected corticosteroid therapy for reducing plantar heel pain. The guidelines do not recommend cortisone injections in the area of the Achilles tendon because they are controversial due to cortisone injected around the tendon is harmful and can lead to Achilles tendon ruptures. Cortisone injections are not recommended for Morton's neuroma or tendonitis. The guidelines do not recommend cortisone injections to the foot; therefore, a cortisone injection to the right foot is not appropriate. Therefore, the request is not medically necessary.