

Case Number:	CM13-0053121		
Date Assigned:	12/30/2013	Date of Injury:	05/31/2011
Decision Date:	03/03/2015	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	11/06/2013

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This male worker was injured over the course of his usual work duties. The date of injury was May 31, 2011. Diagnoses included lumbar radiculopathy, chronic pain, obesity and plantar fasciitis. On August 2, 2013, he complained of bilateral lower extremity pain with radiation to the calf, foot and toes. The pain was described as a constant pain that was burning in nature and moderate in severity. The pain was rated a 4-6 on the 1-10 pain scale. It was aggravated by activity and walking. Examination of the lower extremities revealed no gross abnormality. Tenderness was noted bilaterally with plantar fascial tenderness. The range of motion of the bilateral ankles were within normal limits. On August 30, 2013, the injured worker complained of low back pain radiating to his bilateral lower extremities. The pain was rated a 6-7 on the 1-10 pain scale with medications and 7-8 on the pain scale without medications. Physical examination revealed moderate reduction in range of motion of the lumbar spine secondary to pain. Spinal vertebral tenderness was noted in the lumbar spine at the L4-S1 level. There was lumbar myofascial tenderness on palpation. He reported daily living limitations regarding activity, ambulation and sleep. Treatment included Toradol injection, B12 injection, cortisone injection, TENS unit, physical therapy, chiropractic treatment and medication. A request was made for bilateral plantar fascia foot injection quantity two. On November 8, 2013, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL PLANTAR FASCIA FOOT INJECTION QTY:2.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1044-1046.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377. Decision based on Non-MTUS Citation Ankle and Foot

Decision rationale: Bilateral plantar foot injections QTY 2 are not medically necessary per the MTUS ACOEM and the ODG Guidelines. The ACOEM states that for patients with repeated or frequent tenderness in the area of a heel spur, plantar fasciitis, or Morton's neuroma, a local injection of lidocaine and cortisone solution have D level evidence which is a panel interpretation of evidence not meeting inclusion criteria for research-based evidence. The ODG states that there is no evidence for the effectiveness of injected corticosteroid therapy for reducing plantar heel pain. The requests for bilateral plantar foot injections are not medically necessary.