

<b>Case Number:</b>	CM14-0210562		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	08/04/2010
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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: Emergency 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 51 year-old male who was originally injured on 8/4/10 while stepping out of a delivery truck, injuring his right foot. The initial treatment included supportive wraps, physical therapy and multiple foot injections. He went on to have an MRI and surgery. He continued to have pain and was diagnosed with plantar fasciitis, edema, and neuropathy of the left heel. The treating physician referred to a podiatrist who recommended oral non-steroidal anti-inflammatory drugs, terocin/lidocaine patches, and injection of lidocaine and alcohol to control pain. This was not authorized by utilization review, and was submitted for independent medical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection treatment of nerve:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Thomas, JL, et al. The Diagnosis and Treatment of Heel Pain: A clinical Perspective- Revision 2010. J Foot Ankle Surg. 49(2010). S2-S5  
Tahririan, MA, et.al. Plantar Fasciitis J Res Med Sci. 2012 Aug; 17(8): 799-804

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, Chronic Pain Treatment Guidelines Prolotherapy Page(s): 99-100.

**Decision rationale:** The injection of lidocaine and alcohol directly into tissue may be considered a form of prolotherapy, which is a procedure meant to strengthen lax ligaments by injecting proliferating agents directly into torn or stretched ligaments in order to create scar tissue in an effort to stabilize a joint. No study has demonstrated a benefit over placebo and this procedure is not supported by the MTUS guidelines. Furthermore, the ACOEM section on Ankle and Foot Complaints states that invasive techniques, including injection procedures other than with corticosteroid injection, have no proven value in the treatment of plantar fasciitis. The recommended course of treatment for plantar fasciitis is with orthotics, pain medication, physical therapy, and for ongoing pain despite conservative measures, then cortisone injections may be useful. The use of any injection other than corticosteroids for the treatment of plantar fasciitis is not supported by the MTUS guidelines and is therefore not medically necessary.