

<b>Case Number:</b>	CM15-0113030		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	03/29/2014
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 71-year-old male who sustained an industrial injury on 03/29/14. Initial complaints and diagnoses are not available. Treatments to date include a medicated wrap and an Unna boot. Diagnostic studies include x-rays of the right foot. Current complaints include pain in the right foot as well as numbness. Current diagnoses include metatarsal bone fracture of the right foot. In a progress note dated 05/14/15, the treating provider reports the plan of care as alcohol sclerosing injections to the right foot. The requested treatments include 6 outpatient alcohol sclerosing injections to the right foot fracture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Outpatient alcohol sclerosing injections to the right foot times six (6): 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), Ankle and foot.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Ankle & Foot (Acute & Chronic) Chapter, under Alcohol injections (for Morton's neuroma).

**Decision rationale:** Based on the 05/14/15 progress report provided by treating physician, the patient presents with aggravated right foot symptoms status post fracture, where patient is not able to wear shoes or stand for a prolonged period of time. The request is for OUTPATIENT ALCOHOL SCLEROSING INJECTIONS TO THE RIGHT FOOT TIMES SIX (6). RFA with the request not provided. Patient's diagnosis on 05/09/15 included foot fracture (metatarsal bone). Physical examination on 05/14/15 revealed palpable mass on the right foot at the third interspace. Per 01/12/15 report, treater states "X-rays of the right foot (three views) are positive for secondary bone formation at the fracture site, which is causing more friction and pain to the nerve site." Treatment to date has included imaging studies, icing, medicated wrap and Unna boot, and medications. The patient "will return back to work without restrictions," per 03/10/15 report. Treatment reports were provided from 09/02/14 - 05/14/15. MTUS and ACOEM are silent regarding the request. ODG-TWC, Ankle & Foot (Acute & Chronic) Chapter, under Alcohol injections (for Morton's neuroma) states: "Recommended as an option as indicated below: Criteria for alcohol injections for Morton's neuroma: A. 6 months of conservative therapies have been attempted and have been documented as having failed: 1. Change in shoe types that are reported to result in neuroma-like symptoms. 2. Change or limitation in activities that are reported to result in neuroma-like symptoms. 3. Use of metatarsal pads (placed proximal to the metatarsal heads) to reduce pressure on the nerve by spreading the metatarsals. B. Injections are expected to be performed according to the following protocol: 1. Ultrasonic imaging guidance (depends on the provider's access to and comfort with ultrasound). 2. If there is a clinically significant positive response - symptoms reduced - reported and documented after 2 injections, up to 3 additional (or less if the patient reports elimination of neuroma symptoms) at 14 day intervals. 3. If, however, two consecutive injections fail to achieve continued and clinically significant symptom improvement, subsequent injections would be not necessary." Per 03/10/15 report, treater states, "on physical examination the patient has pain with palpation of the third interspace of the right foot with shooting pain to the third and fourth digits. He has contracture of the digit, this has gotten worse since the neuroma, and damage of the nerve has formed. There is pain along the first met of the right foot with swelling and edema." Per 05/14/15 report, treater states, "Due to compensation for the first metatarsal of the right foot, the patient has compensated by walking on the lateral aspect of the right foot causing swelling and impingement of the nerve at the third interspace of the right foot. He would benefit from a series of six alcohol sclerosing therapy injections. The patient is not a surgical candidate since he has a history of DVT and low blood sugar. I believe it is in the patient's best interest to have the alcohol sclerosing injections in order to avoid surgery." In this case, given documentation of failed conservative care, alcohol injection to the patient's right foot would appear to be indicated. However, treater has not provided a clear diagnosis of Morton's neuroma, nor documented failure of metatarsal pads, as indicated by ODG. Furthermore, guidelines recommend 2 injections to be performed initially, prior to continuing with up to 3 additional injections, with documentation of significant positive clinical response. This request is excessive and not in accordance with guidelines. Therefore, the request IS NOT medically necessary.