

Case Number:	CM15-0114214		
Date Assigned:	06/22/2015	Date of Injury:	09/19/2011
Decision Date:	07/27/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/12/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 59-year-old female, who sustained an industrial injury on 9/19/2011, while employed as a sales associate. She reported foot pain resulting from cumulative trauma of standing on her feet all day. The injured worker was diagnosed as having plantar fascial fibromatosis. Treatment to date has included diagnostics, physical therapy, acupuncture, chiropractic, and medications. The Qualified Medical Examination Report (11/03/2014) was submitted. Magnetic resonance imaging of the left foot (10/15/2012) was documented as showing joint effusion of the first, second and third metatarsophalangeal joints. Magnetic resonance imaging of the left ankle (10/15/2012) was documented as showing widening of the plantar tendon, with increased signal of the plantar fascia near the insertion site of the heel, which may represent plantar fasciitis. Currently (5/07/2015), the injured worker's subjective complaints were not documented. Physical exam noted tenderness to palpation at the origin of plantar fascia and second web space (left), positive web space compression test (left), positive Mulder's click (left), and positive Tinel's (left). Lower extremity strength and sensation were intact. X-rays of the bilateral feet were taken and reviewed. The treatment plan included trigger point injection to the left second web space, noting Morton's neuroma. She was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection for Left 2nd web space: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diagnosis & Management for Morton's Neuroma: a literature review of Foot Ankle Spec, Aug 2013.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Trigger point injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, trigger point injection left second web space is not medically necessary. Trigger point injections are not recommended in the absence of myofascial pain syndrome. The effectiveness of trigger point injections is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; may be appropriate when myofascial trigger points are present on examination. Trigger points are not recommended when there are radicular signs, but they may be used for cervicgia. The criteria for use of trigger point injections include circumscribed trigger points with evidence upon palpation of a twitch response; symptoms greater than three months; medical management therapies have failed to control pain; radiculopathy is not present; no more than three to four injections per session; no repeat injections unless a greater than 50% pain relief with reduced medication use is obtained for six weeks after injection and there is documented evidence of functional improvement; there should be evidence of ongoing conservative treatment including home exercise and stretching. Its use as a sole treatment is not recommended. TPIs are considered an adjunct, not a primary treatment. In this case, the injured worker's working diagnoses are fibromatosis, plantar fascia; tarsal tunnel syndrome; and left second webspace Morton's neuroma. Trigger point injections are not the treatment for Morton's neuroma. Triple point injections are not recommended in the absence of myofascial pain. Morton's neuroma does not result in myofascial pain. Consequently, absent guideline recommendations for trigger point injections, trigger point injection left second web space is not medically necessary.