

<b>Case Number:</b>	CM15-0129042		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	06/10/2014
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Massachusetts

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

### 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 58 year old female who sustained an industrial injury on 6-10-14. Diagnosis is slowly healing, chronic plantar fasciitis-left foot due to plantar fascial rupture. In a progress report dated 5-29-15, a treating physician notes the injured worker still complains of pain in the heel but she thinks it might be getting better. She has been taken out of the brace. The left plantar heel has continued tenderness but it has decreased. There is less pain with range of motion. She continues to use the H-Wave unit since it appears to be helping, she has 50% less pain since she began using it. Previous treatment includes crutches, casting, brace, heel cup, and H-Wave. The plan is to continue the H-Wave unit, and cortisone injection to the left heel combined with a posterior tibial nerve block to numb the plantar foot since she is afraid of needles. The secondary injection of a posterior tibial nerve block will be necessary to numb her foot completely to allow her to have pain-free cortisone injection. Work status is light duty restrictions. The requested treatment is a posterior tibial nerve block on the left and a secondary injection of a posterior tibial nerve block on the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Posterior tibial nerve block, left Qty: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The claimant sustained a work-related injury in June 2014 and continues to be treated for left lower extremity pain with a diagnosis of plantar fasciitis and a history of a plantar fascia rupture at the time of injury. When seen, there was decreased left heel tenderness. There was 50% less pain with use of an H-wave unit. There was less pain with range of motion and no erythema. She thought she was getting better. Authorization for a plantar fascia injection with nerve blocks for pain during the procedure was requested. Guidelines indicate that there is no evidence for the effectiveness of injected corticosteroid therapy for reducing plantar heel pain. Steroid injections are a popular method of treating this condition but only seem to be useful in the short term and only to a small degree. In this case, the claimant was improving with the conservative treatments being provided. The corticosteroid injection being requested is not recommended and remains under study. Therefore, the requested nerve blocks to perform the procedure were not medically necessary.

**Secondary injection of a posterior tibial nerve block, left Qty: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The claimant sustained a work-related injury in June 2014 and continues to be treated for left lower extremity pain with a diagnosis of plantar fasciitis and a history of a plantar fascia rupture at the time of injury. When seen, there was decreased left heel tenderness. There was 50% less pain with use of an H-wave unit. There was less pain with range of motion and no erythema. She thought she was getting better. Authorization for a plantar fascia injection with nerve blocks for pain during the procedure was requested. Guidelines indicate that there is no evidence for the effectiveness of injected corticosteroid therapy for reducing plantar heel pain. Steroid injections are a popular method of treating this condition but only seem to be useful in the short term and only to a small degree. In this case, the claimant was improving with the conservative treatments being provided. The corticosteroid injection being requested is not recommended and remains under study. Therefore, the requested nerve blocks to perform the procedure were not medically necessary.