

Case Number:	CM15-0172096		
Date Assigned:	09/14/2015	Date of Injury:	10/25/2012
Decision Date:	10/20/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/01/2015

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, Hawaii

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 46-year-old female, who sustained an industrial injury on October 35, 2012. She reported right lower extremity and heel pain. The injured worker was diagnosed as having abnormality of gait, mononeuritis of the lower limb, fracture of tibia, osteochondritis dissecans, status post calcaneal stress fracture of the right heel, internal derangement of the right foot and ankle, Tarsal tunnel syndrome of the right foot and ankle number for complex regional pain syndrome, secondary cervical and lumbosacral pain, post-traumatic mild special pain, anxiety and depression. Treatment to date has included diagnostic studies, radiographic imaging, right ankle injection, ganglion block, cognitive behavioral therapy, physical therapy, medications, and custom ankle orthotics and work restrictions. Her condition was noted as permanent and stationary. Currently, the injured worker continues to report pain radiating from the head all the way down the right lower extremity, right lower extremity, shin and foot pain and right heal pain, painful range of motion and a burning sensation noted to the right heel along the lateral aspect of the right foot. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was without complete resolution of the pain. Evaluation on August 11, 2015, revealed continued pain as noted. It was noted she might benefit from surgical intervention of the right heel however; it was deferred secondary to the regional chronic pain syndrome. It was noted she had an abnormal EMG revealing evidence of mild right lateral plantar neuropathy at the ankle and an otherwise normal study. It was noted there was no electrical evidence of lumbosacral radiculopathy. It was noted anesthetic block of the ankle provided no pain relief. Evaluation on August 21, 2015, revealed continued pain as noted. The

RFA included a request for Diagnostic Right Ankle Injection and was non-certified on the utilization review (UR) on August 19, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Right Ankle Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods.

Decision rationale: The patient presents with pain radiating from the head all the way down the right lower extremity; right lower extremity shin, foot, and right heel pain; painful range of motion and a burning sensation noted to the right heel along the lateral aspect of the right foot. The current request is for diagnostic right ankle injection. The treating physician states, in a report dated 08/11/15, "The patient would need to proceed at this time with diagnostic injection of the ankle to determine if any pain block can be appreciated by the patient and to help compartmentalize the pain versus the derangement of the talonavicular joint." (10B) The ACOEM guidelines state, "Invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective." In this case, the treating physician, based on the records available for review, states "Patient had injection completed with 1% lidocaine, 0.5 cc of the open Medrol, and 0.5 cc of dexamethasone phosphate. Subjectively she reported the date of the injection there is a minimal pain relief, and continued exacerbation based on her right lower extremity use, while working full duty. She reported less ankle stiffness but no pain relief." (6B) given the ineffectiveness of the previous injection, the current request is not medically necessary.