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| Case Number: | CM15-0098614 | | |
| Date Assigned: | 06/01/2015 | Date of Injury: | 11/10/2012 |
| Decision Date: | 06/30/2015 | UR Denial Date: | 04/28/2015 |
| Priority: | Standard | Application Received: | 05/21/2015 |

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:

This 55 year old man sustained an industrial injury on 11/10/2012. The mechanism of injury is not detailed. Diagnoses include pain in the joint of ankle and foot, neuropathic pain, and scar neuroma. Treatment has included oral medications. Physician notes dated 4/17/2015 show complaints of continued foot pain described as unchanged. Recommendations include repeat scar neuroma injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Scar Neuroma Injection with Cryomodulation QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, 376 and 377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter (Online Version): Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot section, Injections.

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, repeat scar neuroma injection with cryomodulation #1 is not medically necessary. The ACOEM does not recommend repeat or frequent injections for the foot and ankle. Additionally Chapter 14 of the ACOEM state invasive techniques such as needle acupuncture and injection procedures have no proven value. The guidelines do not recommend steroid injections for Morton's neuroma. There are no RCT to support corticosteroid injections in the treatment of Morton's neuroma. Alcohol injection of Morton's neuroma has a high success rate and is well tolerated. In this case, the injured workers working diagnoses are painting joint, ankle and foot; neuropathic pain; and scar neuroma. The injured worker presented on April 17, 2015 for recheck. The treating provider requested a corticosteroid injection for a scar neuroma. The injured worker does not have a diagnosis of Morton's neuroma or plantar fasciitis. The medical record states 80% pain relief following the prior injection with increased ability to bear weight. However there was no discussion of sustained pain relief, improved ability to tolerate ADLs or the ability to return to work. Treatment of neuroma of the foot includes patient education, insole changes followed by alcohol injections have and finally surgery. Consequently, absent guideline recommendations for frequent/recurrent corticosteroid injections to the foot and ankle, repeat scar neuroma injection with cryomodulation #1 is not medically necessary.