

**IRO REVIEWER REPORT - WC**



Notice of Independent Review Decision

**July 29, 2013**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Neurolysis injections 2 x a week for 3 weeks

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

American Board of Orthopaedic Surgery

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

- 5-28-13, office visit.
- 6-11-13, Medical Review.

## IRO REVIEWER REPORT - WC

- 6-26-13, Medical Review.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

5-28-13, the claimant presents today status post partial amputation of foot, severe neuroma deformity and crush injury, as well as internal derangement. The claimant says that the pain is bothering him. The injury to his left foot occurred on xx/xx/xx. He was wearing steel toes at the time and caused a severe injury to his foot. This claimant has had a numerous amount of surgeries performed. The first surgery was to repair the fractures, but the toe started to lose circulation and the second was to the amputation of the toes and a skin graft was the third surgery. The fourth surgery was to remove some of the skin graft from the area. This is pending surgery His foot was amputated from 2 through 5. His great toe is still present. Again, there is a big skin graft with severe swelling on the dorsal aspect of his foot. He presents today with a noticeable antalgic gait. He also presents today for consideration of surgery to be performed to his foot. He is referred by his treating physician. Assessment: Crush injury, neuroma deformities with associated neuritis on the distal aspect of his foot and possible anterior tarsal tunnel syndrome, amputated foot with associated metatarsalgia, internal derangement with associated ankle instability. Plan: the evaluator discussed all the alternatives, risks, and potential complications with the claimant in detail. X-rays performed 3 views of the foot, as well as the ankle joint and the results are explained above. A surgical shoe was dispensed with soft ankle brace, as well as a premolded insert. The claimant says he felt a little bit better. A biomechanical evaluation was performed of the lower extremity and the results are explained in the above biomechanical evaluation. Orthotic devices. Orthotic devices are of medical necessity as described in the above biomechanical evaluation. Extra-depth shoes. To accommodate the swelling of his foot a possible toe insert is of medical necessity for this claimant. Precert for neurolysis injections. This claimant has severe hypersensitivity on the distal aspect of his foot caused secondary from the crush injury and amputation thus leading to neuroma deformities in the distal aspect of his foot with severe hypersensitivity. According to ODG Guidelines, neurolysis injections are of medical necessity to reduce some of the neuroma pain. They are 85% effective. The evaluator wants to do a total of 2 injections per hospital visit times 3 visits. This will be a total of 6 injections, one in the 2nd interspaced and one in the 3rd interspaced of the left foot. These were done concurrently a week apart times 3 weeks. This will be a total of 6 injections. Again, the average amount of injections is 4 per interspace. The evaluator is asking for 3 per interspaced but 2 per visit Again, ODG Guidelines recommends this. At this point now, the evaluator is simply in a holding until he gets approval for these injection therapies and possible pending future surgery to his foot. The evaluator talked also about the reduction of the size of his foot from the bulbous area of skin grafting on the dorsal aspect of his foot. Since the circulation is doing quite well, the evaluator thinks that surgery can be performed.

## IRO REVIEWER REPORT - WC

6-11-13, performed a Medical Review. It was his opinion that this claimant had a crush injury to his foot, which resulted in amputation of toes 2-5. There was a skin flap done to cover the forefoot. This flap is bulbous and makes shoe fit problematic. The identification of the specific neuroma location is not reported. Moreover, the foot exam was compromised by the alleged sensitivity. This claimant is now 4 months post injury. How a neurolysis injection will benefit the claimant is indeterminate at this time. The rationale for repetitive neurolysis injections is even less discussed or apparent to this reviewer. The ODG does not support the proposed injections as a medical necessity. The evaluator discussed this case. He stated the neurolysis injections were supported by ODG. The evaluator advised that alcohol injection was for neuroma. However, the neuroma has not been adequately isolated.

6-26-13, performed a Medical Review. It was his opinion that the claimant is a male who reported an injury to his foot on xx/xx/xx. It resulted in a crush injury to the left foot and the claimant is noted to have undergone multiple surgeries; first for reduction of the fractures and then following, the claimant is noted to have lost circulation in the toes resulting in an amputation of the 2nd through 5th toes with placement of a skin graft over the forefoot. He is reported to have complaints of ongoing pain and on physical examination, the claimant was noted to have severe skin grafting over the dorsal aspect of the foot which wrapped around the distal aspect of his toes and was very bulbous in nature and very difficult and high in nature. The claimant was pending a surgery to reduce the size of it. On neurological exam, the claimant had severe hypersensitivity over the distal aspect of the foot and palpation of the stump area noted a neuroma-type pain. Palpation of the distal aspect of his 2nd and 3rd interspaces elicited a severe shooting, radiating pain. A previous letter of determination from Review Med dated 6-11-13 noted how a neurolysis injection would benefit the claimant at that time and the rationale for repetitive neurolysis was not apparent. Official Disability Guidelines did not support the proposed injections as medical necessity. The Official Disability Guidelines state that Morton's neuroma is a common proximal neuralgia affecting the web spaces of the toes, typically the 3rd. Pain is often so debilitating that claimants become anxious about walking or even putting their foot on the ground. Insoles, corticosteroid injections, excision of the nerve, transposition of the nerve, and neurolysis of the nerve are commonly used treatment, but except for the surgical procedures, there is little evidence to support these. As the guidelines state that there is little evidence to support the use of neurolysis of the nerve, the requested neurolysis injections to the 2nd and 3rd web spaces 2 times a week for 3 weeks does not meet guideline recommendations. Based on the above, the requested reconsideration for neurolysis injections 2 times a week for 3 weeks is non-certified.

## IRO REVIEWER REPORT - WC

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

Review of the documentation reveals a traumatic injury with amputation of the lesser toes of the foot. There has been skin graft to the dorsum of the foot with residual hypersensitivity. There is no documentation of localization of specific neuromas as a result of this traumatic injury. The treating podiatrist has recommended alcohol injections, which he states are supported by the ODG.

Review of the ODG does note support for injections of alcohol and steroids for Morton's neuroma. However, the neuromas in this case are from trauma and are anatomically different. I do not see evidence based medical literature to support this type of injection in this specific case. Therefore, the request for Neurolysis injections 2 x a week for 3 weeks is not reasonable or medically necessary.

#### **Per ODG 2013 Injections of Foot:**

Under study. Limited quality evidence. See specific indications below.

*Heel pain:* There is no evidence for the effectiveness of injected corticosteroid therapy for reducing plantar heel pain. ([Crawford, 2000](#)) Steroid injections are a popular method of treating the condition but only seem to be useful in the short term and only to a small degree. ([Crawford, 2003](#)) Corticosteroid injection is more efficacious and multiple times more cost-effective than ESWT in the treatment of plantar fasciopathy. ([Porter, 2005](#)) This RCT concluded that a single ultrasound guided dexamethasone injection provides greater pain relief than placebo at four weeks and reduces abnormal swelling of the plantar fascia for up to three months, but significant pain relief did not continue beyond four weeks. ([McMillan, 2012](#))

*Achilles tendonitis:* There is little information available from trials to support the use of peritendinous steroid injection in the treatment of acute or chronic Achilles tendinitis. ([McLauchlan, 2000](#))

*Morton's Neuroma:* There are no RCTs to support corticosteroid injections in the treatment of Morton's Neuroma. ([Thomson, 2004](#)) **Alcohol injection of Morton's neuroma has a high success rate and is well tolerated. The results are at least comparable to surgery, but alcohol injection is associated with less morbidity and surgical management may be reserved for nonresponders.** ([Hughes, 2007](#))

*Achilles tendon:* Achilles tendon corticosteroid injections have been implicated in achilles tendon ruptures. ([Coombes, 2010](#))

## IRO REVIEWER REPORT - WC

*Intra-articular corticosteroids:* Most evidence for the efficacy of intra-articular corticosteroids is confined to the knee, with few studies considering the joints of the foot and ankle. No independent clinical factors were identified that could predict a better postinjection response. ([Ward, 2008](#)) While evidence is limited, therapeutic injections are generally used procedures in the treatment of patients with ankle or foot pain or pathology. Ideally, a therapeutic injection will: reduce inflammation; relieve secondary muscle spasm; relieve pain; and support therapy directed at functional recovery. If overused, injections may be of significantly less value. ([Colorado, 2001](#))

## IRO REVIEWER REPORT - WC

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- INTERQUAL CRITERIA**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION):**