
Notice of Independent Medical Review Determination

Dated: 9/27/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	7/2/2008
IMR Application Received:	7/15/2013
MAXIMUS Case Number:	CM13-0001529

- 1) MAXIMUS Federal Services, Inc. has determined the request for a unknown nerve block injection of Lidocaine and alcohol **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/15/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for a unknown nerve block injection of Lidocaine and alcohol **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The Expert Reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is a licensed Podiatrist, and is licensed to practice in New York. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 8, 2013:

“The patient is a 57 year old male with a date injury of 7/2/2008. Under consideration is an authorization request for one unknown nerve block injection of lidocaine and alcohol, administered on 06/21/2013.

“Review of the submitted documents indicates that the patient was being treated for neuropathic pain, fracture of the foot, ganglion cyst and crush injury. Per the report dated 6/21/2013 by Dr. [REDACTED], the patient complained of severe pain in his mid-foot, back pain, crepitus, swelling, burning, and pain in his first metatarsal. The patient further noted a pain level of 7/10 and R/ 10 with range of motion. Objectively, the patient presented with altered compensatory gait changes causing pain in his knee and low back. Additionally, arthritis in his mid-foot and fore-foot was noted along with a mid-foot fracture. Prior treatment had consisted of H-wave and lidocaine and alcohol injections. As per Dr. [REDACTED] on 4/21/2013, the patient noted some improvements with the H-Wave and temporary results with injections. Based on Dr. [REDACTED] report, the patient was able to walk for an additional hour post injections.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/15/13)
- Utilization Review Determination from [REDACTED] (dated 7/8/13)

- Medical Records from Dr. [REDACTED] (dated 5/8/12 – 6/21/13)
- Medical Record from [REDACTED] (dated 8/14/12)
- Medical Report from [REDACTED] (dated 4/21/13)

1) Regarding the request for a unknown nerve block injection of Lidocaine and alcohol :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite any evidence-based guidelines for its decision. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer found the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14) pg. 371, which is part of the Medical Treatment Utilization Schedule (MTUS), relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on July 2, 2008 to the foot, big toe, and back. The medical records provided for review indicate the diagnoses of neuropathic pain, arthritis of the foot, fracture of the foot, ganglion cyst and crush injury. Treatments have included diagnostic imaging studies, H-wave therapy, lidocaine and alcohol injections, and medication management. The request is for an unknown nerve block injection of Lidocaine and alcohol.

The MTUS ACOEM guidelines state that "Invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid Injection..." The medical records provided for review indicate that the employee is getting injections with only alcohol and Lidocaine with no documented effectiveness. The request for an unknown nerve block injection of Lidocaine and alcohol **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.