

Case Number:	CM13-0041616		
Date Assigned:	12/20/2013	Date of Injury:	12/30/2008
Decision Date:	04/18/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/13/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine, and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58-year-old male who reported an injury on 12/30/2008. The mechanism of injury was not stated. The patient is currently diagnosed with gait abnormality, scar condition and fibrosis of the skin, plantar fascial fibromatosis, and neuralgia, neuritis, and radiculitis, unspecified. The patient was seen by [REDACTED] on 09/19/2013. The patient reported 100% pain relief from a lidocaine/Marcaine block for 6 days. Physical examination revealed plantar and medial heel hypertrophic scarring, decreased sensation toward the Achilles tendon and at the incision site and positive Tinel's testing. Treatment recommendations at that time included a sclerosing alcohol injection for work related nerve entrapment.

IMR ISSUES, DECISIONS AND RATIONALES

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

ALCOHOL SCLEROSING INJECTIONS, 7-10 VISITS DESTRUCTION OF TRIGGER POINT NERVE BLOCK WITH ANESTHESIA: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

Decision rationale: The California MTUS Guidelines state sclerotherapy is not recommended. Sclerotherapy has no proven value via well controlled, double blind studies and may have harmful effects. Additionally, the current request for alcohol sclerosing injections for 7 to 10 visits cannot be determined as medically appropriate. The patient's response to the initial procedure would require assessment prior to the administration of an additional injection. As guidelines do not recommend the requested procedure, the current request for alcohol sclerosing injections, 7-10 visits destruction of trigger point nerve block with anesthesia is non-certified.