MAXIMUS Federal Services

Case Number:	CM13-0052540		
Date Assigned:	12/27/2013	Date of Injury:	03/07/2012
Decision Date:	05/30/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/15/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 pateint is a 44-year-old male who was injured on 3/7/12 as a result of a fall. His diagnosis is pain in the limb. According to the 10/28/13 podiatry report from [redacted], the patient has 8-10/10 pain in the left foot and ankle. He is reported to have had four (4) surgeries for debridement and repair of peroneal tendons and multiple attemps at neurectomy and nerve transfer of the sural nerve. [redacted] requested a neurology consultation for left leg peripheral neuropathy, and consultation with [redacted] for options for complex regional pain syndrome (CRPS), and requests authorization for a series of dehydrated alcohol injections to the left lower extremity from four to seven (4-7) injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

DEHYDRATED ALCOHOL INJECTIONS SERIES (4-7) LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HTTP://DAILYMED.NLM.NIH.GOV/DAILYMED/LOOKUP.CFM?SETID=9F8B84AD-F76D-4494-8000-CD0F09F7B14B.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation FOOD AND DRUG ADMINISTRATION (FDA), INDICATIONS AND USAGE FOR DEHYDRATED ALCOHOL INJECTION.

Decision rationale: The patient presented with left leg pain, and with possible complex regional pain syndrome (CRPS). The patient is reported to have 70% relief of pain after the lumbar sympathetic block on 7/24/13. According to the medical records, the patient has had multiple attempts at sural nerve neurectomy and nerve transfer. The treating provider notes that the patient is still undergoing lumbar sympathetic blocks, and would like to try sural nerve deneravation with dehydated alcohol injections. The MTUS/ACOEM Guidelines indicate that injection procedures have no proven value, except cortisone for neuroma. The FDA indications for dehydrated alcohol injections indicates that dehydrated alcohol injections are for neurolysis in patients where neurosurgical procedures are contraindicated. The records show that the patient has had attempts at sural nerve neurectomy without benefit. The sympathetic blocks provided 70% relief, and the patient was in the process of trying a spinal cord stimulator (SCS). There is no indication that neurosurgical procedures are not indicated. Given, that MTUS/ACOEM does not recommend injection procedures, and that the patient has not responded to sural neurectomy, but has responded to the lumbar sympathetic blocks, the dehydrated alcohol injections are not recommended.