

Case Number:	CM14-0053910		
Date Assigned:	07/21/2014	Date of Injury:	04/08/2013
Decision Date:	11/26/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/22/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 25 years old female with date of injury of 4/8/2013. A review of the medical records indicate that the patient is undergoing treatment for cervical and lumbar disc disease with left ankle pain. Subjective complaints include 6/10 left ankle pain that is sharp and stabbing in nature. Objective findings include limited range of motion of the left ankle with tenderness to palpation and manipulation. Treatment has included physical therapy and Ultram. The utilization review dated 4/15/2014 non-certified Depo lidocaine injection to the left ankle with ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Depo Lidocaine Injection to left ankle with ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: Regarding injections of the ankle, the above cited guidelines state the following: "Invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel

spur if four to six weeks of conservative therapy is ineffective."The medical records provided for review indicate that the employee's provider is requesting injections with Depo and lidocaine. The request for Depo lidocaine injection to the left ankle with ultrasound is not medically necessary and appropriate.