

Case Number:	CM14-0087847		
Date Assigned:	07/23/2014	Date of Injury:	10/10/2011
Decision Date:	09/29/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 42-year-old gentleman was reportedly injured on August 10, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 31, 2014 indicates that there are ongoing complaints of neck pain, low back pain, left shoulder pain, and foot pain. No physical examination was performed on this date. A previous examination of the left foot dated May 20, 2014, is hand written and difficult to read. It included a diagnosis of left foot plantar fasciitis and a neuroma. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a home exercise program. A request had been made for a left foot neurolysis with needle guidance and was not certified in the pre-authorization process on June 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Foot Neurolysis with Needle Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG-TWC): Integrated Treatment/ Disability Duration Guidelines, Ankle & Foot (Acute & Chronic), online version (updated 03/26/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=68290>.

Decision rationale: Alcohol neurolysis is only indicated for certain conditions to include inoperable cancer, trigeminal neuralgia, angina pectoris, and severe claudication. It is also been used for cerebral palsy and spastic paraplegia. As the injured employee has not been diagnosed with these conditions, and this request is for application in the foot, this request for a left foot neurolysis with needle guidance is not medically necessary.