

<b>Case Number:</b>	CM15-0003282		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	10/15/2009
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 48 year old man sustained an industrial injury on 10/15/2009 after dropping a backfill bag on his right foot. Current diagnoses include crush injury and fracture of bone with neuropathic pain. Treatment has included oral and topical medication, injection, and H wave therapy. Physician's notes on a PR-2 dated 11/12/2014 show complaints of burning pain in dorsal foot with erythema and edema to dorsal forefoot/hemosiderin-dislocation. There are notes that H-wave was used to decrease the pain in the forefoot, injection was given, and terocin/lidocain patches were dispensed. No further details are available. On 12/22/2014, Utilization Review evaluated a prescription for nerve block injection with lidocaine and alcohol given 11/12/2014, submitted on 1/7/2015. The UR physician noted that injection procedures are not recommended for pain control with exception for only a few diagnoses including Morton's Neuroma, plantar fasciitis, or heel spur. The worker does not have documentation of these. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve block injection with lidocaine and alcohol given 11/12/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Ankle and Foot

**Decision rationale:** MTUS Guidelines do not mention the use of alcohol injections (PANS - chemical neurotomy) for any foot or ankle condition. ODG Guidelines supports limited use for a well defined Morton's neuroma after failure of prolonged conservative care. Otherwise, Guidelines do not support alcohol injections for neuropathic pain or CRPS syndrome affecting the foot or any other body part. The heel injection of lidocaine and alcohol does not have Guideline support. There are no unusual circumstances such as a well defined medical calcaneal neuroma to support an exception to Guidelines. The injection is not medically necessary.