

<b>Case Number:</b>	CM15-0109028		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	07/02/2008
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 injured worker is a 59 year old male, who sustained an industrial injury on July 02, 2008. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having neuropathic pain, ganglion cyst, crepitus, and fracture of foot bone. Treatment and diagnostic studies to date has included use of supportive orthotics, use of supportive shoes, medication regimen, use of an H-wave unit, use of an Unna Boot and ACE wraps, and multiple nerve block injections with Lidocaine and Alcohol. In a progress note dated March 06, 2015 the treating physician reports complaints of compensatory gait changes, crepitus, and pain to the first medial tarsometatarsal joint and to the midfoot. Examination reveals an altered gait with traumatic arthritis, a fractured midfoot with crepitus, and noted the injured worker to be post a crush injury. The documentation provided noted multiple nerve block injections with Lidocaine and Alcohol of an unknown quantity, but the documentation provided did not indicate if the injured worker experienced any functional improvement or a decrease in pain with the use of this injection. The treating physician requested and administered a nerve block injection with Lidocaine and Alcohol to decrease the injured worker's pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 nerve block injection- lidocaine and alcohol:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); National Guidelines Clearinghouse (NGC).

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

**Decision rationale:** The ACOEM chapter on foot complaints states: 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 patient does not have the diagnosis of plantar fasciitis, heel spur or Morton's neuroma and the injection is not a corticosteroid. Therefore the request is not medically necessary.