

Case Number:	CM15-0190525		
Date Assigned:	10/02/2015	Date of Injury:	07/02/2008
Decision Date:	11/10/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 07-02-2008. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for neuropathic pain, fracture of bone in right foot, traumatic arthritis, crepitus, and ganglion cyst. Medical records (03-20-2015 to 07-21-2015) indicate ongoing right foot pain and atrophy of the right lower extremity. Pain levels, activity levels, and level of functioning were not addressed. It was not specified in the recent progress notes whether the IW had returned to work or was still disabled. The physical exam, dated 07-21-2015, revealed crepitus in the right mid-foot area, altered gait. Relevant treatments have included; right foot surgery, physical therapy (PT), work restrictions, and pain medications. The PR (dated 07-21-2015) did not address a request for a future nerve block injection, but did address a denial of a nerve block injection that was administered on 03-20-2015. The utilization review letter states that 1 nerve block injection with lidocaine and alcohol was requested and did indicate that it was a prospective request. The original utilization review (09-18-2015) non-certified the request for 1 nerve block injection with lidocaine and alcohol.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Nerve Block Injection with lidocaine and alcohol: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), Alcohol injections.

Decision rationale: The claimant sustained a work injury in July 2008 and continues to be treated for right foot pain after sustaining a crush injury when, while welding, he cut a beam and a portion fell onto his right foot. Alcohol injections have been done for pain control beginning at least in June 2011 and nerve block injections have been done by the requesting provider since at least March 2014. From 07/15/14 through 04/24/15 at least six blocks were administered. In July 2015 he was continuing to have right foot pain with right lower extremity atrophy. He was having knee and hip pain. Physical examination findings were not recorded. Alcohol injection for Morton's neuroma is recommended as an option. If there is a clinically significant positive response after 2 injections, up to 3 additional injections at 14 day intervals can be provided. In this case, the location of the injections being performed is not documented and whether they are being administered for a Morton's neuroma is unknown. However, there are no current physical examination findings that would support a diagnosis of a Morton's neuroma and the number of injections is in excess of the guideline recommendation for that condition and would not be indicated for any other condition affecting the foot or ankle. Therefore, the request is not medically necessary.