

<b>Case Number:</b>	CM15-0028103		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	08/28/2009
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: Texas, Florida  
 Certification(s)/Specialty: Anesthesiology, 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 27 year old female who sustained an industrial injury on 08/28/07. She reports chronic pain in the ankle and foot as well as altered gait. Diagnoses include neuropathy, traumatic arthritis, chronic ankle pain, and hypesthesia. Treatments to date include medication. In a progress note dated 12/01/14 the treating provider performs a nerve block injection of lidocaine with alcohol to diminish nerve pain. There was limited documentation of subjective and objective findings. The medication listed is Terocin cream. There are no detailed post procedure evaluation report after the previous injection sin 2013 and 2014. On 02/05/15 Utilization Review non-certified the nerve block injection to the right ankle, citing ACOEM and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve block injections times 1 for right ankle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 376, 377, 371.  
 Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle and Foot Chapter; Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Ankle and foot.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that interventional pain injection can be utilized for the treatment of musculoskeletal pain with conservative treatments with medications and PT have failed. The guidelines support repeating of the injections if there is documentation of sustained pain relief with functional restoration following previous injections. The records indicate that the patient had interventional injection treatments to the right ankle in 2013 and 2014. There is no documentation of sustained post procedure pain relief and functional restoration. There is no documentation of failure of medications management or recent PT. The criteria for Nerve block injection x 1 for right ankle was not met.