

Case Number:	CM15-0038482		
Date Assigned:	03/09/2015	Date of Injury:	10/28/2010
Decision Date:	04/16/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/02/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old male who sustained an industrial injury on 10/28/10. The injured worker reported symptoms in the right lower extremity. The diagnoses included crush injury, neuropathic pain, and Achilles tendonitis, tear lateral ligament complex, ganglion cyst posterior ankle and sinus tarsitis. Treatments to date include injections, H-wave therapy, Unna boot, and soft cast. In a progress note dated 1/29/13 the treating provider reports the injured worker was with "pain and swelling posterior right foot and ankle, crepitus ankle and foot, continuous burning pain posterior ankle and lateral right foot".

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 2 nerve root blocks of lidocaine and alcohol to the right foot and ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Page(s): 39-40.

Decision rationale: The patient presents with pain affecting the right foot and ankle. The current request is for Retrospective request for 2 nerve root blocks of lidocaine and alcohol to the right foot and ankle. The treating physician states, "Administered an injection of Lidocaine and Alcohol to help control pain x2." (10B) The MTUS guidelines state, "Recommended only as indicated below, for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. Repeated blocks are only recommended if continued improvement is observed." In this case, the treating physician has documented that the patient has received 9 of these injections with the same subjective complaints being reported at each visit and there is no documentation of functional improvement. The current request is not medically necessary and the recommendation is for denial.