

Case Number:	CM14-0124289		
Date Assigned:	08/08/2014	Date of Injury:	10/27/2012
Decision Date:	10/10/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Anesthesiology and has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 55 year old female with a 10/27/12 injury date. The mechanism of injury was not provided. In a follow-up on 5/10/14, subjective findings included left ankle pain that was 10/10 without meds and 8/10 with meds. There were complaints of swelling, locking, and pain in the left ankle. Objective findings included left foot tenderness, no weakness, normal ankle range of motion, decreased left foot sensation, and no color changes. A left foot MRI on 2/26/14 showed no evidence of fracture or inflammatory process, mild degenerative changes of the 1st MTP (Metatarsophalangeal) joint and 3rd TMT (Tarsometatarsal) joint, reactive marrow edema in the medial sesamoid, and no evidence of Morton's neuroma. A left ankle MRI on 2/26/14 was normal. Left foot and ankle x-rays on 5/20/13 were normal. Diagnostic impression: left leg complex regional pain syndrome (CRPS). Treatment to date: physical therapy, medications. A UR decision on 7/30/14 denied the request for depo-lidocaine injection left foot & ankle on the basis that no current medical documentation was submitted for review, the response to conservative treatment is not noted, and the rationale for the procedure and sites of injection were not discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Depo-lidocaine injection left foot and ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Ankle and Foot Chapter.

Decision rationale: CA MTUS states that 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. In addition, ODG states that while evidence is limited, therapeutic injections are generally used procedures in the treatment of patients with ankle or foot pain or pathology. In the present case, the rationale for the injection and the planned site of injection is not discussed in the documentation. It is unclear what the injection is for. In addition, the extent, duration, and effectiveness of prior conservative treatment methods is not discussed. The medical necessity of the proposed injection has not been established. Therefore, the request for Depo-lidocaine injection left foot and ankle is not medically necessary.