

<b>Case Number:</b>	CM14-0133635		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	05/13/2009
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

The injured worker is a 44-year-old female who reported an injury on 08/13/2009 due to an unspecified mechanism of injury. The injured worker complained of foot pain and rated her pain at 5/10 using the VAS. The diagnoses included ankle pain strain, Morton's neuroma. The findings revealed normal reflexes, range of motion independent, pain with palpation, and antalgic gait. No medications documented. The injured worker received an injection to the right foot with ultrasound needle guidance. The treatment plan included an alcohol neurolysis, right foot. The Request for Authorization dated 07/15/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alcohol neurolysis right foot with ultrasound guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Alcohol neurolysis.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

**Decision rationale:** The request for Alcohol Neurolysis right foot with ultrasound guidance is not medically necessary. The California MTUS/ACOEM indicates that invasive techniques, needle acupuncture or injection procedures have no proven value, with the exception of a

cortisone or 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 4 to 6 weeks of conservative therapy is ineffective. The clinical notes do not indicate that the injured worker has had 4 to 6 weeks of conservative failed treatment. Parts of the clinical notes were illegible. Therefore, the request is not medically necessary.