MAXIMUS Federal Services

Case Number:	CM15-0095545		
Date Assigned:	05/22/2015	Date of Injury:	04/03/2009
Decision Date:	06/29/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/18/2015

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, California
Certification(s)/Specialty: Family Practice

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 66 years old male patient sustained an injury on 4/3/2009. The diagnoses include crush injury, fracture foot bone, neuropathic pain and traumatic arthritis. According to progress dated 11/1/2013 and 8/26/14, he had chief complaint of post severe crush injury with multiple commuted fracture and nail bed injury, burning pain, unable to bend IPJ(interphalangeal joint) and 1st MPJ (metatarsophalangeal Joint) and hallux. The physical exam noted positive burning pain, pain post crush injury, decreased mobility and antalgic abnormal gait, traumatic arthritis IPJ and 1st MPJand swelling of the dorsal foot, nail bed deformity and no motion of the IPJ, 1st MPJ or hallux. The treatment plan included a nerve block injection of lidocaine and alcohol. He previously received the following treatments supportive shoe, orthotic and brace, Gabapentin, Lyrica, Terocin/lidocaine patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Block injection of Lidocaine and Alcohol: Overturned

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

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

Decision rationale: Q--Nerve Block injection of Lidocaine and Alcohol Per the cited guidelines "Invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, WITH THE EXCEPTION OF 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." Per the cited ODG guidelines, "Alcohol injections- Recommended as an option." Per the records provided patient has significant neuropathic pain with history of a severe crush injury and multiple fractures. Patient has tried conservative therapy including pharmacotherapy- anticonvulsants, topical analgesics for neuropathic pain. Nerve block injection is medically appropriate and necessary in this patient now to manage neuropathic pain. The request of Nerve Block injection of Lidocaine and Alcohol is medically necessary and appropriate in this patient.