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 Occupational Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 44-year-old male with a 4/14/06 date of injury. At the time (8/6/13) of request for authorization for nerve mapping right leg and nerve blocks right leg, there is documentation of subjective findings of constant pain in the right and left ankles that is relieved by nerve blocks with associated burning, tightness, and burning; and right foot pain associated with the plantar nerve on the medial arch and objective findings of positive Tinel's sign over the posterior tibial nerve, the plantar medial nerve, plantar lateral nerve, common peroneal nerve, superficial peroneal nerve, sinus tarsiner, and deep peronieal nerve, with proximal radiation. The current diagnoses are multilevel nerve entrapment and neuritis. The treatment to date is decompression of the right foot/ankle nerve decompression, right and left nerve blocks, physical therapy, and medications. The 8/6/13 medical report identifies a request for nerve map with diagnostic nerve block prior to requesting surgery to the left foot/ankle nerve decompression. The 9/4/13 medical report identifies that "nerve blocks relieved his symptoms"; "authorization for nerve mapping with 3 diagnostic nerve blocks were still pending"; "before subjecting the patient for nerve decompression procedures, reliable diagnostic nerve blocks are therefore warranted"; and "for this matter, nerve blocks are warranted as a diagnostic trial to determine the origin of the patient's pain". In addition, 9/4/13 medical report references an article MR Imaging Mapping of Skeletal Muscle Denervation and Entrapment and Compressive Neuropathies which "specifies that knowledge of the relevant anatomy of the peripheral nerves is crucial to understanding the MR imaging patterns of muscle denervation caused by specific neuropathies. Muscle denervation may be the only MR imaging sign of an entrapment or compressive neuropathy and thus can be useful for the diagnosis and localization of neuropathies. MR imaging mapping of muscle denervation may also help determine the level of an affected nerve and assist in surgical and treatment planning".
IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE MAPPING RIGHT LEG: 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): 371. Decision based on Non-MTUS Citation National Center for Biotechnology Information

**Decision rationale:** California MTUS and ODG do not specifically address this issue. Medical Treatment Guidelines identifies documentation that nerves maybe injected for diagnostic purposes to determine the source of pain (e.g., to identify or pinpoint a nerve that acts as a pathway for pain); to determine the type of nerve that conducts the pain; to distinguish between pain that is central (within the spinal cord) or peripheral (outside the spinal cord) in origin; or to determine whether a neurolytic block or surgical lysis of the nerve should be performed, as criteria necessary to support the medical necessity of diagnostic blocks. Within the medical information available for review, there is documentation of diagnoses of multilevel nerve entrapment and neuritis. In addition, there is documentation of an 8/6/13 medical report identifying a request for nerve map with diagnostic nerve block prior to requesting surgery to the left foot/ankle nerve decompression. However, despite the reference to an article regarding MR imaging, given the documentation of "request for nerve map with diagnostic nerve block prior to requesting surgery to the left foot/ankle nerve decompression"; "authorization for nerve mapping with 3 diagnostic nerve blocks were still pending"; "before subjecting the patient for nerve decompression procedures, reliable diagnostic nerve blocks are therefore warranted"; and "for this matter, nerve blocks are warranted as a diagnostic trial to determine the origin of the patient's pain"; and given documentation of previous diagnostic nerve blocks "to determine the origin of the patient's pain"; it cannot be clearly determined that the request for authorization for nerve mapping right leg and nerve blocks right leg represents anything more than a request for repeat diagnostic nerve blocks that have been previously performed "to determine the origin of the patient's pain". Therefore, based on guidelines and a review of the evidence, the request for nerve mapping right leg is not medically necessary

NERVE BLOCKS RIGHT LEG: 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): 371. Decision based on Non-MTUS Citation National Center for Biotechnology Information
**Decision rationale:** California MTUS and ODG do not specifically address this issue. Medical Treatment Guidelines identifies documentation that nerves maybe injected for diagnostic purposes to determine the source of pain (e.g., to identify or pinpoint a nerve that acts as a pathway for pain); to determine the type of nerve that conducts the pain; to distinguish between pain that is central (within the spinal cord) or peripheral (outside the spinal cord) in origin; or to determine whether a neurolytic block or surgical lysis of the nerve should be performed, as criteria necessary to support the medical necessity of diagnostic blocks. Within the medical information available for review, there is documentation of diagnoses of multilevel nerve entrapment and neuritis. In addition, there is documentation of an 8/6/13 medical report identifying a request for nerve map with diagnostic nerve block prior to requesting surgery to the left foot/ankle nerve decompression. However, despite the reference to an article regarding MR imaging, given the documentation of "request for nerve map with diagnostic nerve block prior to requesting surgery to the left foot/ankle nerve decompression"; "authorization for nerve mapping with 3 diagnostic nerve blocks were still pending": "before subjecting the patient for nerve decompression procedures, reliable diagnostic nerve blocks are therefore warranted": and"for this matter, nerve blocks are warranted as a diagnostic trial to determine the origin of the patient's pain"; and given documentation of previous diagnostic nerve blocks "to determine the origin of the patient's pain"; it cannot be clearly determined that the request for authorization for nerve mapping right leg and nerve blocks right leg represents anything more than a request for repeat diagnostic nerve blocks that have been previously performed "to determine the origin of the patient's pain". Therefore, based on guidelines and a review of the evidence, the request for nerve blocks right leg is not medically necessary.