

<b>Case Number:</b>	CM13-0027701		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	04/14/2006
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, ankle, and foot pain reportedly associated with an industrial injury of September 5, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; prior ankle surgery; multiple prior ankle and foot steroid injections; and extensive periods of time off of work. In a utilization review report of September 5, 2013, the claims administrator partially certified a request for 12 nerve blocks to 6 nerve blocks. The attending provider and claims administrator noted that these blocks were diagnostic in nature. The applicant's attorney later appealed. On June 12, 2013, the attending provider noted that the applicant had pain associated with bilateral posterior tibial nerve pain. The applicant is pending a foot and ankle decompression surgery, it is stated. A positive Tinel sign is noted at the posterior tibial tendon. Foot injections were endorsed. A series of six nerve injections were likewise endorsed while the applicant was asked to remain off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve Block Bilateral Ankle/Foot x6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle and Foot Chapter

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

**Decision rationale:** As noted in the ACOEM Guidelines in chapter 14, table 14-6, repeated or frequent injections are "not recommended." According to the medical records provided for review, the applicant has had numerous injections over the life of the claim. The patient has not experienced any lasting benefit or functional improvement through prior usage of the same. It is further noted that no clear focus for the applicant's complaints has been identified. While the ACOEM Guidelines in chapter 14, table 14-6, do support injections for a focal area such as heel spur, plantar fasciitis, etc., ACOEM Guidelines do not endorse repeated and/or frequent injections as are being proposed here, particularly given the lack of functional improvement effected through prior ankle and foot injections. Therefore, the request for nerve block bilateral ankle/foot x6 is not medically necessary and appropriate.