

Case Number:	CM13-0027712		
Date Assigned:	11/22/2013	Date of Injury:	11/07/2011
Decision Date:	01/22/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 patient is a 25-year-old female who reported an injury on 11/07/2011. The patient is currently diagnosed with left foot crush injury, left sacroiliac joint dysfunction, cervical trapezius myofasciitis, lumbar spine strain, and sleeplessness. The patient was recently seen by [REDACTED] on 08/21/2013. The patient reported persistent pain to the left foot. Physical examination revealed tenderness along the metatarsocuneiform, prominent bone at the metatarsocuneiform on the left, pain along the dorsal cutaneous nerves, pain along the extensor tendon, painful range of motion, pain at the left sinus tarsi region, and hypersensitivity along the medial dorsal cutaneous nerve. Treatment recommendations included a CT scan of the left foot, bone scan, continuation of physical therapy, and consideration for an injection of alcohol sclerosing agent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Nerve Block to Deep left Peroneal Nerve: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): s 1039-1041. Decision based on Non-MTUS Citation http://www.wheelessonline.com/ortho/peroneal_nerve

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 55-56. Decision based on Non-MTUS Citation Official Disability Guidelines Chronic Pain Chapter, and Wheelless.com.

Decision rationale: As per the clinical notes submitted, there is no indication that this patient has failed to respond to previous conservative treatment such as medication management or physical therapy prior to the request for an injection. Generally, nerve blocks are considered when patients have tried and failed conservative treatment modalities. In addition, intravenous regional sympathetic blocks for reflex sympathetic dystrophy or complex regional pain syndrome, including nerve blocks, are not recommended except when other treatments are contraindicated, as per MTUS Chronic Pain Guidelines. Based on the clinical information received, the patient does not currently meet criteria for the requested service. As such, the request for a diagnostic nerve block to deep left peroneal nerve is not medically necessary and appropriate.