

Case Number:	CM13-0040617		
Date Assigned:	12/20/2013	Date of Injury:	11/07/2011
Decision Date:	06/02/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/10/2013

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 and 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 25-year-old female who reported an injury on 11/07/2011. The injured worker was reportedly working in the kitchen when three (3) racks fell on her left foot. The current diagnoses included tendinitis, contusion, paresthesia from nerve entrapment, sinus tarsi syndrome secondary to gait, pain, and crush injury. The injured worker was evaluated on 08/21/2013. The injured worker reported persistent pain in the left foot. The injured worker has been previously treated with physical therapy and a steroid injection. The injured worker has been able to return to work as of 12/2012. The physical examination revealed pain along the metatarsocuneiform, pain along the dorsal cutaneous nerves, pain along the extensor tendon, painful plantar flexion, intact tibialis posterior tendon, hypersensitivity along the medial dorsal cutaneous nerve, and 5/5 motor strength without evidence of atrophy. Treatment recommendations included consideration for an injection of an alcohol sclerosing agent.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC PERIPHERAL NERVE BLOCK, LEFT FOOT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN (UPDATED 06/07/2013), INTRAVENOUS REGIONAL SYMPATHETIC BLOCKS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, SYMPATHETIC AND EPIDURAL BLOCKS Page(s): 39-40.

Decision rationale: The Chronic Pain Guidelines indicate that sympathetic blocks are recommended primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. As per the documentation submitted, there is no evidence of a significant musculoskeletal or neurological deficit with regard to the left lower extremity. Also, there is no documentation of a failure to respond to previous conservative treatment. The medical necessity for the requested service has not been established. As such, the request is non-certified.