

Case Number:	CM13-0048238		
Date Assigned:	12/27/2013	Date of Injury:	12/08/2012
Decision Date:	09/09/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a 28-year-old male with a 12-8-2002 date of injury, when shooting a commercial; she was directed to crawl up and down the aqueducts. She was about to crawl down when she slipped and fell into the river. 10/29/13 determination was modified. Certification was given for Neurontin and non-certification was rendered for diagnostic nerve block x 3 to foot/ankle, orthotic for left foot and Metanx 724 for neuropathic pain. Reasons for non-certification included that the patient had a prior diagnostic block and there was no evidence of incorporation of therapy with block. Regarding the orthotic, there was no evidence of the type of orthotic needed, custom or non-custom. Regarding Metanx 724 the non-certification was given that guidelines did not recommend medical foods. 8/26/13 medical report identified that the patient received a diagnostic block to the sinus tarsi and reported immediate relief of pain of about 90% except for some pain in the lateral calf. The provider stated that additional nerve blocks were to be requested for the peroneal nerve. The requests included diagnostic nerve block x 3, orthotic to stabilize the motion of the sinus tarsi, Neurontin, and Mentanx. It was also noted that the criteria for hyaluronic acid injection from CA MTUS ACOEM were cited, as well as criteria for custom orthotics and oral pharmaceuticals. 8/5/13 medical report identified constant left ankle pain rated 4/10 worsening with prolonged standing and walking. The patient was not undergoing any type of therapy. Exam revealed pain on palpation at the peripheral nerve overlying the ankle structures and decreased ankle range of motion. Positive Tinel's sign at the common peroneal, superficial peroneal with proximal radiation, deep peroneal with severe reaction, sural with proximal and distal radiation, posterior tibial, medial plantar and lateral plantar on the left leg. Wartenberg's Wheel Sign was positive for the common and superficial peroneal, deep peroneal, and posterior tibial on the left leg. Recommendations included a diagnostic block for neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC NERVE BLOCK x3 TO FOOT/ANKLE: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 14 Ankle and Foot Complaints, page 369-371 and on the Non-MTUS Official Disability Guidelines (ODG) ODG Foot and ankle.

Decision rationale: The patient has clear neuropathic findings and there was a very successful injection to the sinus tarsi. There is mention of no relief in the lateral pain and a peroneal nerve injection was proposed, which seemed reasonable. However, there was no indication for the necessity of three injections or indication of the specific location of such (sinus tarsi vs. peroneal nerve). In addition, the provider cited criteria for Hyaluronic acid injections and it was not clear if the proposed injection were to be using such substance. There was insufficient documentation to support the request at made. The medical necessity was not substantiated. Therefore, the request is not medically necessary.

ORTHOTIC FOR LEFT FOOT: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 14 Ankle and Foot Complaints, page 371 and on the Non-MTUS Official Disability Guidelines (ODG).

Decision rationale: The California MTUS states that rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. It appears that the requested orthotic is actually a request for custom orthotics, given the criteria cited by the treating physician. However, there is no rationale for custom orthotics. It was unclear whether a trial of pre-fabricated orthotics had failed or why pre-fabricated orthotics would be insufficient. Therefore, the request is not medically necessary.

Mentax is not medically necessary and appropriate.

Claims Administrator guideline: The guidelines used by the Claims Administrator are not clearly stated in the UR determination.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) and on the Non MTUS <http://www.metanx.com>

Decision rationale: The FDA states that specific requirements for the safety or appropriate use of medical foods have not yet been established. In addition, there is no rationale or indication provided for the treatment with the requested medical food. It was not clear why a medical food would be indicated as opposed to more widely accepted FDA approved oral medications. The medical necessity was not substantiated. Therefore, the request is not medically necessary.

