

Case Number:	CM13-0055722		
Date Assigned:	12/30/2013	Date of Injury:	02/02/2012
Decision Date:	03/21/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/21/2013

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 & Rehabilitation, 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 patient is a 30 year old male who was injured on 02/02/2012 while he was walking and turned a corner, catching his foot on the floor and twisting his right ankle. Past treatment includes pain medications, braces, physical therapy, the use of a TENS unit, lumbar sympathetic blocks, acupuncture and lumbar spinal cord stimulator. He is not currently interested in any opioid medications. The patient underwent wound exploration, incision and drainage, L1-T11 hemilaminotomy on 07/27/2013; T12 laminectomy, spinal cord stimulator placement, complex programming, Fluoro of 1315-1500 on 07/23/2013; removal of spinal cord stimulator and irrigation and debridement on 07/25/2013. MRI of the right ankle performed 04/11/2012 revealed an intact talofibular ligament and fibulocalcaneal ligament. It also showed no evidence of acute fracture or subluxation. The MRI did show evidence of posterior impingement syndrome. MRI performed on 04/11/2012 of the right foot showed no evidence of acute fracture/trabecular bony injury. Specifically the navicular bone was normal in appearance. Nerve conduction and EMG performed 11/07/2012 revealed no evidence of a generalized myopathy. No evidence of a generalized sensory or motor peripheral neuropathy. No evidence of a lumbar plexopathy. No evidence of a left or right-sided lumbar radiculopathy. Follow up appointment dated 10/21/2013 indicates he continues to have right-sided ankle pain which is worse since failed spinal cord stimulatory implant. Objective exam findings included right ankle painful to palpation and cold to touch, limited ROM with dorsiflexion and plantar flexion by 70%, skin showed decreased hair in the right ankle area. Clear without any eczema, erythema, or open lesions. There was mild reddish-bluish hue discoloration on the dorsum and the plantar surface of the right foot. Gait was antalgic. He was diagnosed with CRPS of right lower limb, chronic ankle tenosynovitis, axial low back pain, and failure of spinal cord stimulator implant

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sural nerve block: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wheeler's textbook of Orthopedics, Section Sural Nerve Block

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wall and Melzack's Textbook of Pain, Chapter 37, Local Anesthetic Blocks and Epidurals

Decision rationale: The MTUS and ODG do not discuss the requested treatment and hence other medical treatment guidelines have been consulted. In the ankle region, blocks of the sural nerve has indication for localized pain during and after surgery. The employee failed spinal stimulator and does not tolerate opioids. This treatment helps in facilitating other physical treatments.