

Case Number:	CM13-0062288		
Date Assigned:	12/30/2013	Date of Injury:	05/20/2011
Decision Date:	04/18/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/06/2013

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 & Rehabilitation, and is licensed to practice in Illinois. 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 patient is a 55-year-old female who reported an injury on 05/20/2011. The mechanism of injury was a coworker threw a scanner at the patient's right foot. The note dated 12/24/2013 indicated the patient did not like using Non-steroidal anti-inflammatory drug (NSAIDs/Tylenol). Physical therapy had been painful but provided temporary relief. The patient had continued with her home exercise program. It is noted the patient failed Lyrica and Gralise trials. It is noted that the patient reported the same pain intensity and no change in distribution. The patient requested a repeat superficial peroneal nerve injection. The patient reported that the 1st peroneal nerve injection gave her greater than 40% pain relief. The patient reported her pain to be 10/10 without medication and 2/10 with medication. On examination, deep tendon reflexes in the upper and lower extremities were normal bilaterally. The motor strength in the right tibialis anterior, right hallucis longus, plantar flexion and dorsiflexion was 3+/5. There was decreased sensation to pin in the right L4, right L5, and right S1. There was no edema to the lower extremity. There was mild hypersensitivity to mild touch to the dorsum and tibia and some tenderness in the arch and plantar surface. There was mild tenderness in the right knee, but there was full range of motion and no edema.

IMR ISSUES, DECISIONS AND RATIONALES

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

SECOND RIGHT SUPERFICIAL PERONEAL NERVE AND RIGHT POSTERIOR TIBIAL NERVE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) does not address superficial peroneal and posterior tibial nerve injections. However, the Official Disability Guidelines states that injection with anesthetics and/or steroids are consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section in Official Disability Guidelines ODG, should at very minimum relieve pain to an extent of 50% for a sustained period, and clearly result in documented reduction in pain medication, improved function, and/or return to work. The records submitted for review indicated the patient had greater than 40% relief of pain from the previous peroneal nerve injection. However, the records submitted for review failed to include documentation of a minimum of 50% pain relief for a sustained period and documentation in reduction in pain medication, improved function, and/or return to work. As such, the request for a second right superficial peroneal nerve and right posterior tibial nerve injection is not supported. Therefore, the request is non-certified.