

<b>Case Number:</b>	CM13-0071436		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	11/23/2012
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 Podiatry 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:

The patient is a 58-year-old female who sustained an unspecified injury on 11/23/2012. The patient was evaluated on 11/11/2013 for complaints of hyperesthesia, mostly over the anterolateral aspect of the right ankle. The documentation submitted for review indicated the patient had x-rays which showed some degenerative changes to the medial aspect of the ankle mortise. The documentation indicated the patient moved her ankle and toes with pain; however, motor function appeared to be adequate. The treatment plan indicated Lidoderm patch which was noted as the patient not utilizing and a possibility of a block. The documentation indicated the treatment plan for the block was to address a possibility of RSD.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve block for reflex sympathetic dystrophy for the right ankle, as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Intravenous regional sympathetic blocks (for RSD/CRPS)

**Decision rationale:** The request for nerve block for reflex sympathetic dystrophy for the right ankle, as an outpatient is non-certified. The documentation submitted for review did not indicate the patient had a diagnosis of RSD; however, the documentation indicated the injection was for the possibility the patient may have RSD. The Official Disability Guidelines do not recommend the use of sympathetic blocks for patients with RSD/CRPS. The guidelines state sympathetic blocks are not recommended due to lack of evidence for use. Therefore, the use of the block is not supported. Given the information submitted for review, the request for nerve block for reflex sympathetic dystrophy for the right ankle, as an outpatient is non-certified.