MAXIMUS Federal Services

Case Number:	CM14-0107144		
Date Assigned:	08/01/2014	Date of Injury:	03/08/2010
Decision Date:	09/24/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/10/2014

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 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 28-year-old female who has submitted a claim for pain in joint, lower leg associated with an industrial injury date of May 8, 2010.Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of pain, numbness and burning sensation in the right lumbosacrum, sacroiliac, lateral right lower extremity down to the knee and the bottom of the right foot. On examination, patient had a passive range of motion of the right knee that was full and pain-free. There was no other ROM (Range of Motion) loss noted but lateral elevation of the right leg was significantly more painful than the left. The patient can successfully walk on toes and heels with pain. Seated and supine straight leg raise was negative for neural tension signs. Kemp's test was positive for low back pain only. Side-lying sacroiliac compression and Gaenslen's test were both positive for right sacroiliac joint involvement. All muscle strength testing in the lower extremity was 5/5. Knee and ankle jerk DTRs (Deep Tendon Reflexes) were +2 bilaterally. Sensation of the lower extremities was intact. There was tenderness along the right sacroiliac join, right trochanter, and all the way down the iliotibial band, significantly more than the right. A three-view x-ray of the right knee proved to be a "negative study." An MRI of the right knee was done but was not included in the records. An MRI of the pelvis revealed no evidence of acute trauma or chronic strain within the pelvis. Treatment to date has included medications and physical therapy.Utilization review from June 13, 2014 denied the request for diagnostic peroneal right nerve injection under fluoroscopy because the examination revealed no evidence of positive clinical signs of altered sensations or any neurological dysfunction or nerve entrapment neuropathy in the peroneal nerve distribution in the right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic peroneal right nerve injection under fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, HIP AND PELVIS CHAPTER, SACROILIAC JOINT BLOCKS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physical Medicine and Rehabilitation: Principles and Practice, Volume 1 edited by Joel A. DeLisa, Bruce M. Gans, Nicholas E. Walsh.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Physical Medicine and Rehabilitation textbook was used instead. According to this textbook, Common peroneal nerve blockade is useful as diagnostic, prognostic, or therapeutic procedure in painful disorders involving the ankle and the foot. In this case, although the patient presented with ankle and foot pain, these were in the background of pain in the lower extremity in general. The neurologic exam does not indicate neurologic dysfunction or nerve entrapment neuropathy in the peroneal nerve distribution in the right lower extremity. The medical necessity cannot be established due to insufficient information. Therefore, the request for Diagnostic peroneal right nerve injection under fluoroscopy is not medically necessary and appropriate.