

<b>Case Number:</b>	CM14-0018333		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	09/06/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 31 year-old male with a 9/6/13 date of injury. The IMR application shows a dispute with the 1/10/14 UR decision for an Ultrasound site: left sural nerve block. Limited information is available for this IMR. The 1/10/14 UR letter was not provided for this IMR. There is a 2/10/14 UR letter provided that denies a left sural block, based on a 1/6/14 RFA, which also was not provided for this IMR. There is a 1/2/14 report from [REDACTED] at the [REDACTED], that states the patient has several months history of left foot pain after a work-related ankle injury on 9/6/13. He had arthroscopic repair and debridement of the deltoid ligaments. He developed pain at the plantar/medial aspect of the foot. He had bad side effects with gabapentin and desipramine. He has had 100% relief with a left posterior tibial nerve block, and 100% relief with a lumbar sympathetic block, which only lasted 2-days. He had a Bier block, but it did not help the numbness or tingling in the foot. The plan included a diagnostic sural nerve block to see if there is any effect on the lateral aspect of the left foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ULTRASOUND SITE: LEFT SURAL NERVE BLOCK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 103, 104

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non- MTUS: Other Medical Treatment Guideline or Medical Evidence: According to LC4610.5(2). "Medically necessary" and "medical necessity" mean medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury and based on the following standards, which shall be applied in the order listed, allowing reliance on a lower ranked standard only if every higher ranked standard is inapplicable to the employee's medical condition: (A) The guidelines adopted by the administrative director pursuant to Section 5307.27.; (B) Peer-reviewed scientific and medical evidence regarding the effectiveness of the disputed service.; (C) Nationally recognized professional standards.; (D) Expert opinion.; (E) Generally accepted standards of medical practice.; (F) Treatments that are likely to provide a benefit to a patient for conditions for which other treatments are not clinically efficacious.

**Decision rationale:** The patient presents with left foot pain. According to the 1/2/14 report from [REDACTED] at the [REDACTED], that states the patient has several months history of left foot pain after a work-related ankle injury on 9/6/13. He had arthroscopic repair and debridement of the deltoid ligaments. He developed pain at the plantar/medial aspect of the foot. The request is for "ultrasound site: It sural nerve block" Limited information was provided for this IMR. The 9/9/13 report from [REDACTED], states the patient twisted his ankle playing Soccer on 9/6/13 and x-rays showed widening of the medial clear space and widening of the ankle mortise, no evidence of fracture. There are no electrodiagnostic studies provided that demonstrate pathology of the sural nerve. MTUS/ACOEM and ODG guidelines did not discuss Sural nerve blocks. In this case, the highest ranked review standard is (D) Expert opinion or (E) generally accepted standards of medical practice. Providing a sural nerve block without first demonstrating pathology of the nerve is not the generally accepted standards of medical practice. Give the above the request for the ultrasound site: left sural nerve block is not medically necessary.