

Case Number:	CM14-0141235		
Date Assigned:	09/10/2014	Date of Injury:	02/01/2008
Decision Date:	12/12/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/02/2014

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, has a subspecialty in Spinal Cord Injury and is licensed to practice in New York. 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 injured worker is a 53-year-old male who reported injuries due to a fall on 02/01/2008. On 08/05/2014, his diagnoses included complex regional pain syndrome, common peroneal neuropathy, lumbar disc protrusion and lumbar disc degeneration. His complaints included left knee pain radiating to the lateral side of his left calf. He described the pain as aching, shooting, and burning. His treatment history included a total knee replacement on 09/20/2013, a left common peroneal nerve transposition on an unspecified date, a left lumbar sympathetic block in 2012 with good pain relief, manipulation under anesthesia of the knee, and multiple additional treatments and surgeries. A lumbar MRI on 05/08/2012 revealed multiple disc bulges from L3-S1. Upon examination, there was moderate tenderness on palpation of the left common peroneal nerve of the lateral left knee. His left knee range of motion was decreased. His motor strength was 4+/5 to the left extensor hallucis longus and left gastrocnemius muscles. Electrodiagnostic studies on 06/19/2012 revealed bilateral peroneal F waves and tibial F waves were within normal limits. The impression was chronic L5 radiculopathy bilaterally and left peroneal motor axonopathy, without focal slowing. The treatment plan included a less common peroneal nerve block under ultrasound guidance in the office. There was no rationale in this injured worker's chart. A Request for Authorization dated 08/06/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Peroneal nerve block under ultrasound guidance to the low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 2014 Pain Lumbar Sympathetic Block

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Sympathetic and Epidural Blocks, Regional Sympathetic Blocks (Stellate Ganglion Block, Tho.

Decision rationale: The request for peroneal nerve block under ultrasound guidance to the low back is not medically necessary. The California ACOEM Guidelines note that there is limited evidence to support lumbar sympathetic blocks, with most studies reported being case studies. They are recommended for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. Systematic reviews revealed a paucity of published evidence supporting the use of local anesthetic sympathetic blocks for the treatment of CRPS and usefulness remains controversial. Less than one third of patients with CRPS are likely to respond to sympathetic blockade. No controlled trials have shown any significant benefit from sympathetic blockade. The guidelines do not support this procedure. This injured worker has been treated with various therapies, treatments, and a surgery for over 6 years yet remains symptomatic. Additionally, the request did not specify what was to be injected, nor the level where the injection was to be administered. Furthermore, laterality was not specified in the request. The clinical information submitted failed to meet the evidence based guidelines for a sympathetic block. Therefore, this request for peroneal nerve block under ultrasound guidance to the low back is not medically necessary.