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| <b>Case Number:</b>   | CM14-0023783 |                              |            |
| <b>Date Assigned:</b> | 06/13/2014   | <b>Date of Injury:</b>       | 07/05/2011 |
| <b>Decision Date:</b> | 07/15/2014   | <b>UR Denial Date:</b>       | 02/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/25/2014 |

### 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 Neurological Surgery 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 injured worker 57 year-old lady was reportedly injured on July 5, 2011. The mechanism of injury is noted as while walking to her car, a slip and fall type injury occurred resulting in a left foot fracture. The most recent progress note, dated January 23, 2014, indicates there are ongoing complaints of distal lower extremity pain. The physical examination demonstrated an unchanged assessment from the previous months. Previous treatment includes surgical intervention, multiple medications, physical therapy sessions, acupuncture, previous injections. A request was made for multiple injections and was not certified in the pre-authorization process on February 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **FOUR INJECTIONS INTO THE AREA OF THE SUPERFICIAL PERONEAL ENTRANCE INTO THE LEFT LEG: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee chapter, updated June, 2014.

**Decision rationale:** The records indicate a request for an injection of a local anesthetic in 4 separate locations in essence of establishing a peroneal nerve block. The previous attempt at such intervention offered only a short period of relief (3 days). A review of the literature and guidelines note that this type of intervention is not discussed in the MTUS or ACOEM guidelines. A reference to injections is noted in the knee and leg chapter of the official disability guidelines. Therefore, when noting the injury sustained, the current complaints, the lack of a specific objectified diagnosis and that this is simply a long-term Bier block, there is insufficient clinical evidence presented to support that this is medically necessary.