

Case Number:	CM14-0091085		
Date Assigned:	07/25/2014	Date of Injury:	11/21/2009
Decision Date:	10/17/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/16/2014

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 Pain Medicine 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 records, presented for review, indicate that the injured worker is a 47-year-old female was reportedly injured on November 21, 2009. The most recent progress note, dated April 22, 2014, indicated that there were ongoing complaints of left ankle pain. The physical examination demonstrated muscle strength was 4/5 in the tibialis anterior, tibialis posterior, peroneus longus, peroneus brevis, gastrocnemius, and soleus muscles bilaterally moderate hypersensitivity was also noted of the left lateral sural (L4 to S2), superficial peroneal (L4 to S1), sural, deep peroneal, medial plantar, lateral plantar, medial calcaneal, lateral calcaneal nerves. This progress report indicated that the patient has no interest in injections at this time, stating the injection given at the last visit took some time for improvement, decreased pain was noted with palpation of the left second and third interspace, with medial lateral squeeze of metatarsal heads 2 and 3, left sinus tarsi, left peroneal tendon, and all improved since the prior visit. The treatment plan included at this time was for authorization for follow up visits, and injection, and an ultrasound guided injection for the next visit. This request for authorization was dated June 3, 2014. Diagnostic imaging studies were not identified. Previous treatment included open reduction internal fixation of the right ankle fracture with physical therapy, activity modifications, multiple injections for the back and feet, compression wraps (unna boot) and pharmacotherapy. A request was made for a digital nerve block with ultrasound guidance and was not certified in the preauthorization process on June 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 digital nerve block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Page: 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) -TWC: ODG Treatment Integrated Treatment/Disability Duration Guidelines, Ankle & Foot (Acute & Chronic) (updated 07/29/14) - Injections

Decision rationale: Official Disability Guidelines (ODG) guidelines do not recommend corticosteroid injections for the treatment of Morton's neuroma, noting that there are no randomized controlled trials to support corticosteroid injection in the treatment of the Morton's neuroma. The request references a digital nerve block with no additional injection details. The office visit immediately preceding this request for authorization indicates that the claimant is not interested in any injections at this time. A subsequent progress note from July 2013 indicates that a limited ultrasound evaluation was performed as well as an ultrasound guided corticosteroid injection with the Xylocaine into the left second interspace. Review of the medical records indicates prior injections with corticosteroids are also used. Based on the guidelines and the medical records available, the request for one digital nerve block is not medically necessary and appropriate.

1 ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC ODG Treatment Integrated Treatment/Disability Duration Guidelines Ankle & Foot (Acute Chronic) (updated 07/29/14) - injections

Decision rationale: Official Disability Guidelines (ODG) guidelines are used. This request is for an ultrasound guidance of an injection that has not been determined medically necessary. In the absence of a clinical indication for the proposed injection, there would be no medical necessity for the use of ultrasound guidance of that injection. Additionally, the medical record does not substantiate the necessity of the use of ultrasound guidance for the injection requested. As such, the request for one ultrasound guidance is not medically necessary and appropriate.