

Case Number:	CM14-0200153		
Date Assigned:	12/10/2014	Date of Injury:	08/25/2014
Decision Date:	01/26/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/01/2014

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 Internal 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 injured worker (IW) is a 54-year-old woman with a date of injury of August 8, 2014. The mechanism of injury was a trip and fall while carrying a tray filled with sandwiches. She landed on her right foot and knees. The IW is being treated for fracture of the 4th and 5th metatarsals of the right foot. She was initially treated with immobilization in a plaster cast, and then transferred to a walking boot. The injured worker's current working diagnoses are fracture right foot, fourth and fifth metatarsal phalangeal joints; complex regional pain syndrome; and Sudek's atrophy, right. Pursuant to the podiatry progress note dated October 28, 2014, the IW complains of right ankle and foot pain. The pain is worse when walking. The pain is described as aching, and throbbing. The pain is rated 7/10. Vascular examination reveals normal pedis pulses in all regions. There is mild evidence of ischemic skin changes. Temperature gradient is warm at the tibia, and warm at the digits bilaterally. Fracture right foot 5th metatarsal is mildly displaced. There is pain to palpation in the 4th and 5th metatarsal phalangeal joint. The color of the foot is beet red. Moderate edema is noted as well as allodynia. The IW has joint stiffness and decreased passive motion. The IW is taking Norco 7.5/325mg for pain. The treating physician documents that the IW needs an injection to try to reverse the symptoms so they do not become permanent. It will be a therapeutic ankle block. She cannot wear the boot anymore. The injections need to be done on a weekly interval until the issue is resolved and the x-rays are normal. Initial therapeutic nerve ankle blocks (7 nerves) were performed in the office on 10/28/14 to start the process. The current request is for ankle nerve blocks weekly (7 nerves per visit) until no further pain. The IW was instructed not to walk until the pain goes away.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve block injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section; CRPS, sympathetic blocks (therapeutic).

Decision rationale: Pursuant to the Official Disability Guidelines, nerve block injections are not medically necessary. Local anesthetic sympathetic blocks are recommended for limited, selected cases, primarily for the diagnosis of sympathetically mediated pain and therapeutically as an adjunct to facilitate physical therapy. When used for therapeutic purposes the procedure is not considered a stand-alone treatment. The role of sympathetic blocks is largely empirical and can be clinically important in individual cases in which the procedure ameliorates pain and improves function. See guidelines for additional information. In this case, the injured worker was treated for fractures of the fourth and fifth metatarsals of the right foot sustained on August 25, 2014. The treating podiatrist indicates there are signs and symptoms strongly suggestive of CRPS 1 with findings of increased temperature, swelling, allodynia and rubor. A request was submitted for peripheral nerve injections to address sympathetically mediated pain. A progress note dated October 28, 2014 indicates the treating podiatrist wants to administer a nerve block to block the sympathetic nervous system and reverse the effects (at the ankle). The podiatrist states this is a therapeutic ankle block. The injured worker cannot wear the boot anymore. These injections need to be done at weekly intervals until the issue is resolved and the x-rays are normal. Therapeutic nerve ankle block done today (seven nerves) in the office to start the process. The injections need to be done weekly until her pain stops. Future therapeutic ankle blocks weekly (seven nerves per visit) until no further pain. There is no documentation in the medical record to justify a peripheral nerve injection for the treatment of CRPS 1. Sympathetic ganglia are treated at the spinal level, not at the ankle. At the spinal level, stellate ganglia or lumbar ganglion blocks are injected as recommended treatment for sympathetically mediated pain. These injections should be provided under the direction of a pain management specialist. Sympathetic blocks are not provided at the ankle. Consequently, absent the appropriate clinical indication or rationale for peripheral nerve blocks, these nerve block injections are not medically necessary.