

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0202129 |                              |            |
| <b>Date Assigned:</b> | 12/12/2014   | <b>Date of Injury:</b>       | 07/30/2001 |
| <b>Decision Date:</b> | 02/05/2015   | <b>UR Denial Date:</b>       | 11/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/03/2014 |

### 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 Occupational Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Arizona. 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 41 year old female with a date of injury of 7/30/2001. The injured worker sustained a severe crush injury to her foot while working at a construction site moving and stacking sheetrock against a wall, the injured worker states that in the process of trying to straighten the sheetrock it fell on top of her right foot. The injured worker is being treated for chronic right ankle and foot pain, traumatic arthritis, neuropathic pain, sinus tarsi. Her complaints included burning pain, swelling instability in foot and ankle and walks with a limp. Objective findings included edema, instability and neuropathy of the lateral ankle. She has tried TENS unit which was said to not work and she also received several H wave treatments during her office visits in 2013 and 2014. She has used gabapentin and Lyrica but this was discontinued due to the side effects, she has also used opioids which help to take the edge off her pain, she has received nerve blocks in the past and this was reported as helpful and allowed her to perform her activities of daily living. The request is for one nerve block injection and H wave treatment for the foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One nerve block injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nerve blocks, Intravenous regional sympathetic blocks Page(s): 55.

**Decision rationale:** Per MTUS nerve blocks or intravenous regional sympathetic blocks are not recommended except when other treatments are contraindicated, there is limited scientific evidence to support the treatment but it may be an option when there are no other alternatives and it should be done in conjunction with a rehabilitation program, the injured worker has reported improvement in her symptoms with previous nerve blocks allowing her to perform her activities of daily living, therefore based on her specific and rather complex presentation as well as the guidelines the request for one nerve block injection is medically necessary.

**One H-wave treatment for the foot:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; H-wave stimulation Page(s): 117-118.

**Decision rationale:** Per MTUS H wave treatment is indicated in chronic pain in addition to other treatment modalities if the patient has failed conservative management and TENS unit and therefore based on the injured workers complex clinical presentation and the guidelines H wave is medical necessary.