

Case Number:	CM15-0183862		
Date Assigned:	09/24/2015	Date of Injury:	11/23/2012
Decision Date:	12/31/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/18/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old female who sustained an industrial injury on 11-23-2012. Medical records indicated the worker was treated for complex regional pain syndrome, right lower extremity, insomnia and status post bimalleolar fracture right ankle status post open reduction internal fixation 01-22-2014. In the provider notes of 08-21-2015, the injured worker complains of pain rated a 6 on a scale of 0-0. On exam, she has a large surgical scar over the lateral aspect of the right ankle. She maintains significant limitations with respect to active and passive range of motion of the ankle. The worker states merely attempting to dorsiflex and plantar flex the right ankle causes spasmodic features of the right foot. The treatment plan includes a lumbar spine nerve block right L2-L4; physical therapy 12 sessions for desensitization and strengthening of the lower extremities; right ankle support, and continue current medications. A request for authorization was submitted for: One lumbar nerve block for the right ankle as an outpatient. A utilization review decision 09-08-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar nerve block for the right ankle as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, under Morton's neuroma treatment.

Decision rationale: The patient was injured on 11/23/12 and presents with right foot pain. The request is for ONE LUMBAR NERVE BLOCK FOR THE RIGHT ANKLE AS AN OUTPATIENT. There is no RFA provided and the patient is on total temporary disability. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 46, Epidural Steroid Injections (ESIs) section states: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." ODG Guidelines, Ankle & Foot Chapter, under Morton's neuroma treatment Section states, "Recommend alcohol injections and surgery as options after conservative care. See Alcohol injections (for Morton's neuroma) & Surgery for Morton's neuroma. Morton's neuroma is a common, paroxysmal neuralgia affecting the web spaces of the toes, typically the third. The pain is often so debilitating that patients become anxious about walking or even putting their foot to the ground. Insoles, corticosteroid injections, excision of the nerve, transposition of the nerve and neurolysis of the nerve are commonly used treatments, but except for the surgical procedures, there is little evidence to support these. There is no evidence to support the use of supinatory insoles or corticosteroid injections. As far as surgical technique, there is limited indication that transposition of the transected plantar digital nerve may yield better results than standard resection of the nerve in the long term. There are limited indications to suggest that dorsal incisions for resection of the plantar digital nerve may result in less symptomatic post-operative scars when compared to plantar excision of the nerve." The patient has a limited range of motion of the right ankle. She is diagnosed with complex regional pain syndrome, right lower extremity, insomnia and status post bimalleolar fracture right ankle status post open reduction internal fixation 01-22-2014. The reason for the request is not provided. Although the patient continues to have right ankle pain, it is unclear if the request is for a lumbar spine ESI or for a peripheral injection to the lower extremity. If the request is for an ESI, there is lack of support for it as there is no evidence of radiculopathy. Therefore, the request as written IS NOT medically necessary.