

Case Number:	CM15-0206168		
Date Assigned:	10/23/2015	Date of Injury:	08/25/2012
Decision Date:	12/04/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/20/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 32 year old male who sustained an industrial injury on 8-25-12. A review of the medical records indicates he is undergoing treatment for type 2 complex regional pain syndrome, right common peroneal neuropathy, neuropathy of the right superficial peroneal nerve, neuropathy of right sural nerve, and tibial neuropathy. Medical records (8-20-15) indicate complaints of pain in the right foot. He describes his pain as "aching and stabbing" and rates it "8 out of 10". He reports that the pain is "continuous" and is "gradually worsening". The record indicates that his pain interferes with his work, activities of daily living, and walking. The physical exam reveals an antalgic gait "with a limp". Tremor is noted in the right foot on extension. Positive Tinel's sign is noted over the fibular head and over the superficial peroneal nerve. Numbness is noted on the dorsum of the right foot in the superficial peroneal distribution and sural distribution. Diagnostic studies have included an EMG-NCV of bilateral lower extremities, MRI of the right knee, and an "MRI", showing possible mild neuritis of the tibial and peroneal nerves from the level just distal to the sciatic nerve to the soleal sling and fibular head respectively. Treatment has included physical therapy and nonsteroidal anti-inflammatory medications. The treating provider indicates that the injured worker has "failed conservative therapy". He is working modified duties. Treatment recommendations include a right leg bier block. The utilization review (10-9-15) indicates a request for authorization of right lower leg bier block with 10mg of Decadron. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lower Leg Bier Block with 10 MG of Decadron: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Intravenous regional sympathetic blocks (for RSD/CRPS, nerve blocks), Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block).

Decision rationale: According to the guidelines, Bier Blocks are not recommended . There is no difference compared to placebo. It is not commonly done for CRPS unless there are no other alternatives. There was prior consideration for a peroneal nerve neurectomy. In this case, the claimant does have CRPS and has failed some conservative options. There is no mention of failure of medications other than NSAIDS. Other local modalities were not mentioned. Gabapentin was only recently started. As a result, the request for Bier block is not a medical necessity.