

Case Number:	CM15-0025532		
Date Assigned:	02/18/2015	Date of Injury:	10/01/2011
Decision Date:	03/31/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/10/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 51 year old male who sustained an industrial injury when he twisted his left ankle on October 1 2011. The injured worker underwent left ankle arthroscopy with aggressive synovectomy and debridement, excision of chondral fragments, excision of fracture fragments in the distal tibia, left ankle joint and repair of deltoid ligament of the left ankle on July 24, 2012. The injured worker was diagnosed with Grade II ankle sprain, neuropathy and closed ankle fracture. According to the primary treating physician's progress report on December 31, 2014, the injured worker continued to experience pain in the left ankle with swelling and decreased mobility. The injured worker ambulated with a cane. Treatments included physical therapy, H wave therapy, ankle brace, Unna boot and ace wrap with injections of Lidocaine and Alcohol x 2 (last one on December 31, 2014). Current medications were not listed. The treating physician requested authorization for retrospective nerve block injection. On January 30, 2015 the Utilization Review denied certification for retrospective nerve block injection. Citations used in the decision process were the American College of Occupational and Environmental Medicine (ACOEM) Guidelines and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective nerve block injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle section, Injections

Decision rationale: Pursuant to the Official Disability Guidelines, retrospective nerve block injection is not medically necessary. The ACOEM, ankle and foot complaint section, state invasive techniques (e.g. needle acupuncture and injection procedures have no proven value, with the exception of corticosteroid injections into the affected patients with Morton's neuroma or into the affected area in patients plantar fasciitis or heel spur is 4 to 6 weeks of conservative therapy is ineffective. Alcohol injections (for Morton's neuroma) is a common cause of metatarsalgia. There is no single treatment identified in the literature. Stepped care is recommended: patient education and footwear or insole changes, I'll buy alcohol injections and finally surgery. The criteria for alcohol injections include, but are not limited to, six months of conservative therapies have been attempted and documented as having failed: change in shoe types, change or limitation in activities, use of metatarsal to reduce pressure on nerves. Injections are expected to be performed according to the following protocol: ultrasonic imaging guidance. If there was a clinically significant positive response-symptoms reduced-reported and documented at the two injections, up to three additional injections at 14 day intervals may be indicated. If, however, two consecutive injections failed to achieve continued and clinically significant symptom improvement, subsequent injections would not be necessary. In this case, the injured worker's working diagnoses are grade 2-ankle sprain; neuropathic/neuropathy; and ankle fracture closed. There is no discussion of a Morton's neuroma or plantar fasciitis in the medical record. A progress note dated December 2, 2013 indicated the injured worker received a prior injection to the medial heel. A progress note dated July 22, 2014 reflected the injured worker was receiving H wave therapy. The most recent progress note dated December 31, 2014 contained the current request. Again, there is no diagnosis of Morton's neuroma or plantar fasciitis. The request does not state the specific location for the injection. Additionally, the ACOEM states invasive techniques have no proven value with the exception of corticosteroid injections into the affected patients with Morton's neuroma and the affected area in patients with plantar fasciitis or heel spur. Consequently, absent clinical documentation with the appropriate clinical diagnoses and indications for a nerve block to the aforementioned anatomical region, no objective functional improvement with the prior injection, and invasive techniques according to the ACOEM having no proven value, retrospective nerve block injection is not medically necessary.