

Case Number:	CM15-0221087		
Date Assigned:	11/16/2015	Date of Injury:	06/09/2011
Decision Date:	12/30/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/10/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 45 year old male, who sustained an industrial-work injury on 6-9-11. The injured worker was diagnosed as having torn ligaments to right ankle and left ankle sprain-strain. Treatment to date has included medication: Tramadol (minimally effective) and Gabapentin (first dosing failed due to lethargy), Norco, Omeprazole, Hydrochlorothiazide, and Lisinopril; surgery (2 ankle surgeries), and steroid injections (failed). History of ulcers limits use of any NSAID (non-steroid anti-inflammatory) medications. Currently, the injured worker complains of aching and sharp pain over the lateral aspect of the right foot, with swelling, mild allodynia, exacerbated by cold weather, prolonged driving, walking, and improves with pain medication and hot baths. Left ankle is now more painful than the right. There is groin pain due to unsteady gait due to ankle pain. Per the primary physician's progress report (PR-2) on 10-1-15, exam noted left ankle positive Tinel's sign, limited eversion and inversion, and tenderness. Gait is antalgic. The Request for Authorization requested service to include Left Saphenous and deep peroneal nerve block with Ultrasound - diagnostic for ankle pain. The Utilization Review on 10-22-15 denied the request for Left Saphenous and deep peroneal nerve block with Ultrasound - diagnostic for ankle pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Saphenous and deep peroneal nerve block with Ultrasound - diagnostic for ankle pain:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle and foot.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Steroids (injection); Injections (corticosteroid); Knee and leg chapter, nerve block, radiofrequency neurotomy and Other Medical Treatment Guidelines www.guideline.gov, www.aetna.com.

Decision rationale: Regarding the request for Left Saphenous and deep peroneal nerve block with Ultrasound - diagnostic for ankle pain, CA MTUS does not address saphenous and deep peroneal nerve injections. ODG also does not address specifically saphenous and deep peroneal nerve injections but rather general ankle and foot steroid injections. ODG in reference to ankle and foot injections state they are under study. ODG states in the therapeutic phase repeat blocks should only be undertaken if there is evidence of increased range of motion, pain and medication use reduction, and increased tolerance of activity and touch (decreased allodynia) is documented to permit participation in physical therapy/ occupational therapy. Sympathetic blocks are not a stand-alone treatment. ODG does not recommend radiofrequency neurotomy to the leg. Guidelines state it is not recommended until higher quality studies are done. Searching guideline.gov show these injections are under study and are not specifically recommended. Aetna policy guideline states peripheral nerve blocks as sole treatment for chronic pain is considered experimental and investigational. Additionally these injections are generally performed without ultrasound guidance. In the documentation available for review, there is no documentation of increased range of motion, pain and medication use reduction, and increased tolerance of activity and touch (decreased allodynia) from prior injections. In addition, there is no rationale for why the injection is needed to be under ultrasound guidance. Finally, the physician is requesting the block to see if radiofrequency would help this patient, however radiofrequency is not recommended by guidelines to the leg. Therefore, the request for Left Saphenous and deep peroneal nerve block with Ultrasound - diagnostic for ankle pain is not medically necessary.