

<b>Case Number:</b>	CM15-0031509		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	07/29/2011
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 45-year-old who has filed a claim for chronic ankle and leg pain reportedly associated with an industrial injury of July 29, 2011. In a utilization review report dated January 26, 2015, the claims administrator retrospectively denied a sural nerve block performed on November 4, 2014. The claims administrator contended that the applicant had failed to profit from a previous sural nerve block performed in October 2014. The applicant's attorney subsequently appealed. On January 27, 2015, the applicant reported ongoing complaints of leg pain and ankle pain reportedly associated with a peroneal tendon injury status post earlier surgical repair at that time. The applicant was using OxyContin and oxycodone for pain relief. The applicant had had multiple surgeries involving the injured foot and ankle. The applicant was asked to pursue a sural nerve resection procedure. On January 27, 2015, the applicant underwent an excision of a sural nerve neuroma and neurolysis procedure. On May 28, 2014, it was suggested that the applicant was working on a part-time basis, at a rate of 4 hours a day. On September 23, 2014, the applicant was apparently given a diagnostic sural nerve block. It was suggested that the sural nerve block was being performed for diagnostic purposes, to determine if the sural nerve was the source of the applicant's ongoing pain complaints. The applicant did not appear to be working as of that point in time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sural nerve block to the right ankle: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Intravenous regional sympathetic blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 > Chronic Pain > Diagnostic / Treatment Considerations > Diagnostic Testing > Local Anesthetic Injections Recommendation: Local Anesthetic Injections for Diagnosing Chronic Pain Local anesthetic injections are recommended for diagnosing chronic pain. Strength of Evidence Recommended, Insufficient Evidence (I)Rationale for Recommendation Local injections (including greater occipital nerve blocks, ilioinguinal, genitofemoral nerve blocks) have not been evaluated in sizable, quality studies for diagnostic, prognostic, or treatment purposes, though they may assist with diagnosis and consideration of potential treatment options and are thus recommended.

**Decision rationale:** Yes, the sural nerve block to the right ankle was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines note that local anesthetic injections are recommended in the diagnosis of chronic pain. Here, it appeared that the sural nerve block at issue was performed for diagnostic purposes, to determine the applicant's suitability for surgical intervention. The applicant did apparently report a favorable response to the sural nerve block as he went on to undergo a sural nerve neuroma excision procedure. Therefore, the request was medically necessary.