

<b>Case Number:</b>	CM15-0031837		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	06/15/2005
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 46-year-old female, who sustained an industrial injury on 6/15/05. She has reported. The diagnoses have included left foot and ankle pain and left foot parasthesia. Treatment to date has included medications. Surgery has included left foot surgery 2006 and 2007. Currently, the injured worker complains of severe pain and soreness in the left ankle and the medial arch of the right foot. Physical exam revealed positive Tinel's sign over the "posterior tibial area and diagnosis was rule out reflex sympathetic dystrophy. Referral to Pain Medicine was mentioned for an epidural injection." The injured worker was using Morphine cream, Flector patches and Lidoderm for pain relief. There were no recent diagnostics noted. The provider requested Magnetic Resonance Imaging (MRI) of the left foot and ankle and administered local anesthetic and corticosteroid injections for plantar fasciitis of the right heel and sural nerve compression of the left foot. On 1/22/15 Utilization Review non-certified a request for MRI of left foot/ankle and sural nerve decompression, noting the (ACOEM) Occupational Medicine Practice Guidelines ankle and foot complaints and (MTUS) Medical Treatment Utilization Schedule guidelines surgical considerations were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of left foot/ankle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374, Chronic Pain Treatment Guidelines CRPS Page(s): 35, 36.

**Decision rationale:** The California MTUS guidelines indicate disorders of soft tissue such as tendinitis, metatarsalgia, fasciitis, and neuroma reveal negative radiographs and do not warrant other studies for example magnetic resonance imaging. MRI imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. The documentation indicates a clinical suspicion of plantar fasciitis, neuroma, and reflex sympathetic dystrophy. However, the progress notes do not document any of the diagnostic criteria for complex regional pain syndrome such as allodynia, hyperalgesia, trophic changes, Sudomotor/ edema, sweating changes, etc. The guidelines recommend a 3-phase bone scan in the presence of clinical evidence of complex regional pain syndrome. Based upon the above, the request for an MRI scan to rule out reflex sympathetic dystrophy is not supported by guidelines and the medical necessity of the request has not been substantiated.

**Sural nerve decompression:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov/pubmed/7820241](http://www.ncbi.nlm.nih.gov/pubmed/7820241): The sural nerve in the foot and ankle: an anatomic study with clinical and surgical implications.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

**Decision rationale:** With regard to the request for decompression of the sural nerve, the documentation provided does not support the request for sural nerve compression. The handwritten notes are partially legible and the rationale for this diagnosis or the requested procedure has not been provided. Although lateral ankle pain is reported, there is no objective evidence of sural nerve entrapment. Other diagnoses such as peripheral neuropathy and reflex sympathetic dystrophy have been offered. Nerve conduction studies identifying sural nerve entrapment have not been submitted. The documentation provided does not indicate clear clinical and electrodiagnostic evidence of a lesion that is known to benefit in both the short and long-term from surgical repair. The request does not specify if it is the right or left foot. The provider has documented possible bilateral reflex sympathetic dystrophy and the diagnosis is not established. As such, the request for sural nerve decompression is not supported and the medical necessity of the request has not been substantiated.