

Case Number:	CM15-0038016		
Date Assigned:	03/06/2015	Date of Injury:	12/13/2011
Decision Date:	04/10/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/27/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female who sustained an industrial injury on 12/13/2011. Diagnoses include chronic ankle pain, sural neuritis, neuropathic pain, and mononeuritis of unspecified site. Treatment to date has included physical therapy, surgery, sural nerve block, and medications. A physician progress note dated 01/14/2015 documents the injured worker complains of chronic ankle pain. She had a recent sural nerve block and had dramatic improvement in neuropathic pain. Her function significantly improved for approximately two weeks. On examination, she has dystonic like movements of the 4th and 5th toes with manipulation of the ankle. The injured worker has swelling, tenderness, numbness and bruising. Treatment requested is for Cryoablation left sural nerve with MAC. On 02/09/2015 Utilization Review non-certified the request for Cryoablation left sural nerve with MAC and cited was CA MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cryoablation left sural nerve with MAC: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

<http://www.ncbi.nlm.nih.gov/pubmed/21587334><http://www.ncbi.nlm.nih.gov/pubmed/18721175>

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Decision rationale: Regarding the request for cryoablation left Sural nerve with MAC, California MTUS, ACOEM, and ODG do not comment about this procedure. A search of the National Library of Medicine revealed no peer-reviewed randomized controlled trials to support the use of this treatment modality. One case report of pulsed radiofrequency ablation of the Sural nerve was included. The use of cryoablation is more likely to result in severe neuropathic pain when lesioning a sensory nerve, when compared with pulsed radiofrequency ablation. The requesting physician has not included any peer-reviewed scientific literature supporting the use of this treatment modality. In the absence of such documentation, the currently requested cryoablation left Sural nerve with MAC is not medically necessary.