

<b>Case Number:</b>	CM15-0080298		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	04/14/2006
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: 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 45-year-old male who is 6 foot 1 inch tall and weighs 290 pounds. The documentation indicates a history of low back pain with associated radiculopathy in the lower extremities, worse on the right. The documentation indicates that he underwent a lumbar spinal fusion in the year 2010. He also underwent right lower extremity decompression type surgeries at the tarsal tunnel, fibular neck, and anterior ankle. Electromyography and nerve conduction studies performed on January 22, 2015 revealed 1. The right anterior tibialis showed isolated chronic neuropathic findings, which are suggestive but not confirmatory of right L4-5 radiculopathy. However, these findings are nonspecific. 2. There is no electro diagnostic evidence of lumbosacral plexopathy, peripheral neuropathy, or mononeuropathy involving bilateral tibial, sural, and peroneal nerves. An MRI scan of the lumbar spine dated July 9, 2013 revealed the following: 1. The patient is status post L4 and L5 interbody fusion. Additional left sided L4 and L5 transpedicular screws with vertical stabilized rod. No findings for surgical complications. 2. Degenerative disc and osteophyte disease, facet arthropathy and ligamentum flavum redundancy contributes to mild to moderate left L4-L5 and bilateral L5-S1 lateral recess narrowing. This causes compression of the transiting left L5 and bilateral S1 nerve roots. Additional levels of mild lateral recess narrowing as above. 3. Mild to moderate left L3-4 and moderate bilateral L4-5 and mild to moderate bilateral L5-S1 neural foraminal narrowing. This causes deformity of the exiting L3 and bilateral L4 and L5 nerve roots. 4. A directed disc and osteophyte disease contacts the exiting right L4 nerve root in the extraforaminal zone. Per operative report of 2/16/2015 the diagnosis was lumbar spondylosis. A right L4-5 facet medial

branch block was performed under fluoroscopic guidance. Postoperative evaluation in the recovery room indicated good pain relief in the usual distribution. A recent treating physician's progress report dated 3/30/2015 is reviewed. The handwritten report indicates complaint of low back pain and bilateral ankle pain. After the L3-4 facet blocks the injured worker reported 50% pain relief and improved function with activities of daily living of 60%. A request for left foot peripheral nerve surgery with decompression of posterior tibial nerve, medial plantar nerve, lateral plantar nerve, and medial calcaneal nerve and extra-articular arthrodesis with implant was noncertified by utilization review citing ODG guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left foot peripheral nerve surgery with decompression of posterior tibial nerve, plantar medial nerve, plantar lateral nerve, medial calcaneal nerve, extra-articular arthrodesis with implant:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter, Surgery for Peroneal Nerve Dysfunction.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Ankle and Foot, Topic: Tarsal tunnel syndrome, Posterior tibial dysfunction, Adult acquired flatfoot.

**Decision rationale:** ODG guidelines recommend surgery for tarsal tunnel syndrome with clinical findings and positive electro diagnostic studies in patients who do not respond to conservative management. In this case, the electro diagnostic studies were negative for peripheral nerve entrapment. There was evidence of radiculopathy noted. As such, the request for left foot peripheral nerve surgery with decompression of posterior tibial nerve, medial plantar nerve, lateral plantar nerve, and medial calcaneal nerve is not supported. With regard to the request for a fusion, ODG guidelines indicate fusion in stage III and stage IV adult acquired flatfoot. The documentation provided does not support this diagnosis. There are no imaging studies submitted. As such, the request for extra-articular arthrodesis with implant is not medically necessary.