MAXIMUS Federal Services

Case Number:	CM14-0133047		
Date Assigned:	08/22/2014	Date of Injury:	12/12/2011
Decision Date:	09/24/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/20/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 60-year-old male with a 12/12/11 date of injury. Progress report dated 08/05/14 states that the patient presents with thoracic pain. Physical examination reveals a curvilinear scar at the sternum into towards the left shoulder. Detailed neurologic sensory exam reveals allodynia and hyperpathia in the lateral 1/3 of the scar line, with numbness in the mid-line portion of the scar. After palpation and manipulation of the scar line, the patient notes that there is tingling and pain even after the non-noxious stimulus is taken away. Left Upper extremity strength of the major groups is 4/5, tone is normal, no atrophy. Assessment: Pain joint, shoulder region; mononeuritis of unspecified site; scar neuroma. The plan section states that the goal is to increase the patient's ability to self-manage pain and related problems. Reduce subjective pain intensity. Maximize and maintain optimal physical activity and function. Diagnostic workup states: ultrasound left sternoclavicular joint with neuroma block. The report states that the patient has had complex medical history with fractures and surgical revisions and has a lateral 1/3 part of his incision that is allodynic and hyperpathic, which is consistent with scar neuroma. The physician plans to undertake a diagnostic ultrasound to look at the neuroma to see if it's safe to block and plan to follow-up to see if the patient would be a candidate for radiofrequency denervation versus cryoablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One ultrasound guided left sernoclavicular joint neuroma block: Overturned

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 Ultrasound Guided Neuroma Injection, Shankar Hariharan, M.D. Associate Professor Department of Anesthesiology, Medical College of Wisconsin and Zablocki VA Medical Center Milwaukee, Wisconsin. Neuromas occur following varying degrees of nerve injury anywhere in the body. They are part of the reparative process and the appearance is dictated by the availability of a distal tract or Schwann cell. Sometimes the site of the neuroma can be a source of pain. With residual limb pain, the cause of pain may be due to scar tissue producing traction on the nerve and neuroma, from compression by the adjacent tissues or vessels or from ischemia due to decrease in blood supply. 1,2 Managing pain arising from the neuroma is challenging. The treatment options include injection of local anesthetic, steroid and neurolytic agents, cryo-ablation, radiofrequency ablations and surgical revision. Unfortunately modifying the surgical technique to prevent neuroma formation has not always been successful. Painful neuromas: a review of treatment modalities. Wu J1, Chiu DT. There are numerous methods cited in the literature on the treatment of painful neuroma. Nonsurgical methods range from injections with various materials into the nerve end to desensitization of nerve pain conduction pathways. Some surgical treatments aim to alter the environment of the amputated nerve end by transposing it into muscle or bone, others have designed various flaps to protect truncated nerve ends from scar tissue, and still others try to "cap" the nerve with silicon, a nerve graft, or epineurium to prevent nerve regeneration. All of these methods have proved efficient. However, none of these methods work universally. The authors review the common treatments for painful neuromas. In addition, they review the preliminary results of the extended autologous venous nerve conduit as a novel technique of treating painful neuromas. They also report recent investigations into the pathophysiology of injured nerves. Ultrasound neurography in the evaluation of sciatic nerve injuries. Bilgici A1, Cokluk C, AydA K. The aim of this clinical study was to investigate the benefits and the basic principles of ultrasonographic examination in the evaluation of sciatic nerve injuries. [Subjects and Methods] Patients with sciatic nerve injury were evaluated using a real-time utrasonographic examination. The capability of ultrasonography in terms of determination of the type and the localization of injury, the position of the proximal and distal nerve segments, the presence or absence of a neuroma, and perilesional scar tissue were evaluated in all cases. [Results] Ten cases with sciatic nerve injury were evaluated with real time sonography. Perilesional scar tissue formation was found in 4 (40%) cases. Two (20%) cases had stump neuroma diagnosed by sonographic examination. The capability of ultrasonographic examination was satisfactory for all evaluation parameters. [Conclusi.

Decision rationale: The patient has a complicated history and presents with clinical findings suggestive of a scar neuroma. The physician's plan to evaluate the tissues using ultrasound before deciding whether it is safe to proceed with an injection is medically reasonable. Several studies demonstrate the appropriateness of both ultrasonographic examination as well as injections (blocks) in diagnosis of neuromas. Therefore the request is medically necessary.