

<b>Case Number:</b>	CM14-0090820		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/15/2004
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	06/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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. 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 injured worker is a 56 year old male, who sustained an industrial injury on 10/15/04. He has reported initial complaints of his golf cart he was being transported in at work flipped over and he landed on his right shoulder and right side of his pelvis. The diagnoses have included joint pain of right ankle, mononeuritis of leg and arthropathy of the ankle. Treatment to date has included medications, diagnostics, status post 5 foot surgeries including a sural nerve resection to the right foot, The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the right ankle dated 10/4/10 which revealed that the exam is unchanged compared with prior study. There was post-operative changes with thickening increased signal intensity of the distal tendon and marked attenuation of the longus tendon. There is post-operative fibrosis and scarring involving the distal sural nerve and there is progressive atrophy. Currently, as per the physician progress note dated 5/9/14, the injured worker complains of pain in the ankle and right foot that radiates to the right leg described as aching and cramping pain with associated numbness and weakness. The pain is rated 7/10 on pain scale. He also complains of sleeping problems due to pain. The current medications include Norco. Physical exam reveals motor strength is limited by pain in the right ankle and foot, palpation over the foot on the right side elicits pain symptoms, and range of motion is restricted in the right ankle. The physician recommended Lyrica or Gabapentin and to wean off the Norco. The work status is permanent and stationary. He is currently not working and is retired. The physician requested treatment included right sural and superficial peroneal nerve block with ultrasound guidance.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **RIGHT SURAL AND SUPERFICIAL PERONEAL NERVE BLOCK WITH ULTRASOUND GUIDANCE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Acute & Chronic) CRPS, treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/83199-overview>.

**Decision rationale:** Pursuant to Medscape (peer-reviewed evidence-based guidelines), right sural and superficial peroneal nerve block with ultrasound guidance is not medically necessary. Indications for sural nerve block include the following: Wound repair or exploration of the lateral posterior calf or dorsolateral fifth digit; As part of an ankle block required to manipulate a fractured or dislocated ankle; Incision and drainage of an abscess in the lateral posterior calf or laterodorsal fifth digit; Removal of a foreign body in the lateral posterior calf or dorsolateral fifth digit. A combination of post tibial, superficial peroneal, deep peroneal, and sural nerve blocks results in complete block of sensory perception beneath the ankle. In this case, the injured worker's working diagnoses are reflex sympathetic dystrophy; and status post sural neurectomy. Subjectively, according to a May 9, 2014 progress note, the injured worker is status post 5-foot surgeries including a sural nerve resection. The injured worker has complaints of pain in the ankle and right foot with pain radiating to the right leg. The VAS pain scale is 7/10. Objectively, motor strength is symmetrical in all muscle groups. Sensory is grossly intact light touch. The injured worker is ambulatory without assistive devices and range of motion is restricted in the right ankle. The guideline recommended treatment for CRPS includes rehabilitation, psychological treatment and pain management. There was no documentation of any prior psychological treatment in the medical record. Pain management treatment options include pharmacologic treatment and more invasive treatments such as sympathetic blocks, intrathecal drugs and a spinal cord stimulator. The guidelines do not recommend selective nerve blocks. Consequently, absent guideline recommendations for a right sural and superficial peroneal nerve block with ultrasound guidance, right sural and superficial peroneal nerve block with ultrasound guidance is not medically necessary.