

Case Number:	CM15-0125697		
Date Assigned:	07/10/2015	Date of Injury:	05/20/2011
Decision Date:	08/14/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/29/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 female who sustained an industrial injury on 05/20/2011. Mechanism of injury occurred when she dropped a heavy object on her foot, fracturing the metatarsal bones. Diagnoses include probable fracture to the anterior process of the right talus, right sided lumbar radiculopathy, lumbar disc protrusion at L3-L4, L4-L5 and L5-S1 with abutment in the right S1 nerve root, pain in joint of ankle and foot, lower leg and pelvic region and thigh, reflex sympathetic dystrophy of the lower limb. Treatment to date has included diagnostic studies, medications, physical therapy, home exercise program, lumbar sympathetic block, and superficial peroneal nerve and right posterior tibial nerve injection with relief. On 05/24/2013 a Magnetic Resonance Imaging of the lumbar spine revealed L5-S1, L4-L5 and L3-4 areas of disc protrusion with some areas of foraminal protrusion and mild facet arthropathy. Her current medications include Gabapentin and a Ketamine, Diclofenac, Indo, and Lido cream. She has an antalgic gait. There is mild hypersensitivity to the dorsum and tibial and some tenderness in the arch and plantar surface. She has mild tenderness in the right knee but has full range of motion. A physician progress note dated 04/28/2015 documents the injured worker complains of chronic, severe right lower extremity pain, worse in the foot and ankle with swelling discoloration, stiffness, temperature changes and numbness, tingling and cramping due to CRPS. She has complaints of low back pain. She rates her pain a 10 out of 10 without medications, and a 2 out of 10 with medications. On this visit her pain is at 5 out of 10. Her medications help with keeping her functional. In a progress note dated 05/14/2015 there is tenderness to the right lower paravertebral muscles, and range of motion is restricted. Treatment requested is for localized injection to the superficial peroneal and posterior tibial nerve with

ultrasound guidance, and right L5-S1 transforaminal epidural steroid injection with fluoroscopy and anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Localized injection to the superficial peroneal and posterior tibial nerve with ultrasound guidance: 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 Official Disability Guidelines (ODG) Ankle and Foot Chapter, Steroids (injection); Injections (corticosteroid); Chronic Pain Chapter, CRPS, sympathetic blocks (therapeutic) and Other Medical Treatment Guidelines Aetna Clinical Policy Bulletin, Peripheral Nerve Blocks, Number 0863; www.guideline.gov.

Decision rationale: Regarding the request for Localized injection to the superficial peroneal and posterior tibial nerve with ultrasound guidance, CA MTUS does not address superficial peroneal and posterior tibial nerve injections. ODG also does not address specifically superficial peroneal and posterior tibial nerve injections but rather general ankle and foot steroid injections. ODG in reference to ankle and foot injections state they are under study. ODG states in the therapeutic phase repeat blocks should only be undertaken if there is evidence of increased range of motion, pain and medication use reduction, and increased tolerance of activity and touch (decreased allodynia) is documented to permit participation in physical therapy/ occupational therapy. Sympathetic blocks are not a stand-alone treatment. Searching guidelines.com show these injections are under study and are not specifically recommended. Aetna policy guideline states peripheral nerve blocks as sole treatment for chronic pain is considered experimental and investigational. Additionally these injections are generally performed without ultrasound guidance. In the documentation available for review, there is no documentation of increased range of motion, pain and medication use reduction, and increased tolerance of activity and touch (decreased allodynia) from prior injections. In addition, there is no rationale for why the injection is needed to be under ultrasound guidance. Therefore the request for Localized injection to the superficial peroneal and posterior tibial nerve with ultrasound guidance is not medically necessary.

Right L5-S1 transforaminal epidural steroid injection with fluoroscopy and anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

Decision rationale: Regarding the request for Right L5-S1 transforaminal epidural steroid injection with fluoroscopy and anesthesia, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or two transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. Additionally, there is no indication of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as well as functional improvement from previous epidural injections. In the absence of such documentation, the currently requested Right L5-S1 transforaminal epidural steroid injection with fluoroscopy and anesthesia is not medically necessary.