

Case Number:	CM15-0090456		
Date Assigned:	05/14/2015	Date of Injury:	03/30/2012
Decision Date:	06/16/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/11/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 March 30, 2012. She has reported numbness and tingling in the anterior knees with burning into the lateral calves, left greater than right and has been diagnosed with bilateral saphenous neuralgia and bilateral peroneal nerve entrapment at the fibular head. Treatment has included medical imaging, Physical therapy, medications, chiropractic care, and aqua therapy. Objective findings noted sensation to light touch was intact. There was no Tinel's at the fibular heads. The common peroneal nerve was easily palpated but not irritated. The treatment request included a left peroneal nerve block with local anesthetic and steroid in the popliteal fossa.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Peroneal Nerve Block with local anesthetic and steroid in the Popliteal Fossa: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Nerve Block.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Injection with anaesthetics and/or steroids.

Decision rationale: Left Peroneal Nerve Block with local anesthetic and steroid in the Popliteal Fossa per the ODG Guidelines. The MTUS does not address this issue. The ODG states that for pain injections in general they should be consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work, repeat pain and other injections not otherwise specified should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work. The documentation is not clear that the patient has peroneal nerve entrapment at the fibular head. There are no objective electrodiagnostic studies for review and the physical exam is not definitive of this finding. The request for left peroneal nerve block with local anesthetic and steroid in the popliteal fossa is not medically necessary.