

Case Number:	CM15-0097127		
Date Assigned:	05/27/2015	Date of Injury:	02/24/2011
Decision Date:	06/25/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/19/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 55 year old male who sustained a work related injury February 24, 2011. He fell, resulting in a torn left meniscus and low back pain. Past history included hypertension, left knee meniscus repair surgery, April 2011, and psoriasis. According to a neurology report, dated January 28, 2015, the injured worker was seen in follow-up. The physician noted he reports ongoing numbness and tingling over the calcaneal branch to the left heel, as well as along the lateral portion of the foot on the left, along the lateral sural nerve distribution. He has had low back treatment with three epidural injections, which improved his back pain but no change in his foot symptoms. He reports the numbness in his left foot followed meniscal surgery of the left knee. Diagnoses are lumbago and pain in joint, ankle/foot. An EMG on 1/28/15 indicated axonal injury and some entrapment of the tarsal tunnel. At issue, is the request for peripheral nerve block for the left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Peripheren nerve block for left foot/tibial nerve: 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), Pain Chapter, Injection with anesthesia and/or steroids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: According to the guidelines, Invasive techniques have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective. In this case, the claimant had received prior peripheral blocks indicating short-term benefit. The claimant did not have the above diagnoses. Based on the EMG, the findings are not dominantly peripheral. The request for a tibial block is not medically necessary.