

<b>Case Number:</b>	CM14-0018357		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	01/17/1997
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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, Pain Medicine and is licensed to practice in Florida. 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:

The injured worker is a 69 year old female with an injury reported on 01/17/1997. The mechanism of injury was not provided in clinical notes. The clinical note dated 02/28/2014, reported that the injured worker complained of bilateral knee pain. The examination of the lower extremities reported minimal tenderness over the right lateral knee joint. The left knee was minimally tender per palpation. Neurological examination reported deep tendon reflexes were absent to bilateral knees. The injured worker's diagnoses included bilateral knee pain, secondary to osteoarthritis, chronic opioid use. The request for authorization was submitted on 02/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OUTPATIENT SUPERIOR LATERAL AND MEDIAL NAVICULAR NERVE BLOCKS TO THE BILATERAL KNEES: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Choi WJ, Hwang SJ, Song JG, Leem JG, Kang YU, Park PH, Shin JW. Radiofrequency treatment relieves chronic knee osteoarthritis pain: a double-blind randomized

controlled trial. *Pain*. 2011 Mar; 152(3):481-7. Doi: 10.1016/j.pain.2010.09.029. Epub 2010 Nov 4. <http://www.ncbi.nlm.nih.gov/pubmed/21055873>

**Decision rationale:** The request for outpatient superior lateral and medial narvicular nerve blocks to the bilateral knees is not medically necessary. It was noted in the clinical information that the pending case was for genicular nerve blocks. The injured worker complained of bilateral knee pain. An article by Choi, 2011, states that RF neurotomy of genicular nerves leads to significant pain reduction and functional improvement in a subset of elderly chronic knee osteoarthritis pain, and thus may be an effective treatment in such cases. However, the study states that further trials with larger sample size and longer follow-up are warranted. The injured worker was prescribed Norco 5/325, Celebrex 200mg, and Soma 350mg; however, there is a lack of information pertaining to effectiveness of pain medications and longevity of utilization. There is also a lack of clinical documentation of the injured worker's responsiveness to physical therapy and exercises. In addition, there is a lack of scientific literature to support the proposed procedure. Therefore, the request for outpatient superior lateral and medial narvicular nerve blocks to the bilateral knees is not medically necessary.