

<b>Case Number:</b>	CM14-0115058		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	03/10/2010
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 application for independent medical review was for radiofrequency ablation of the left knee geniculate nerves. The reviewer cited a guideline from the Official Disability Guidelines (ODG) for facet joint radiofrequency neurotomy indicating it requires the treatment of facet joint pain using a medial branch block. This guideline pertains to the back, and not the knee. The patient did undergo a left diagnostic block of the geniculate nerve noting 90% relief for two days. The previous reviewer does not describe which medication or quantities were administered an actual pain logs from the procedure were not provided. The claimant was described as a 59-year-old individual who sustained an injury on March 10, 2010, while walking in the crosswalk on a green light he was struck by a car turning right. He sustained a contusion to the right hip and strain to the lumbar region. The patient stood 5 feet and 2 inches tall and weighed 213 pounds. He has a past history of hypertension. Prior treatment included multiple chiropractic adjustments to the neck, and a knee brace which did not help but it gave him some stability. A cane was used as well as medications injections and Polar Care. He underwent trigger point injections to the bilateral iliotibial band ten times and the patient reported pain relief immediately after the procedure. He had a left knee meniscectomy at an unknown date. He was taking Vicodin, cyclobenzaprine, omeprazole, tramadol, clonidine, triamterene-hydrochlorothiazide and using lidocaine patch and methadone. X-ray of the left knee from June 5, 2014 documented a 1 mm articular surface. There was a qualified medical evaluation report on October 9, 2010. Future medical treatments would include chiropractic, acupuncture, physical therapy as well as active rehabilitation. He should be allowed 24 visits per year to be used at the treating physician's discretion. The patient should attempt to lose weight. The QME reviewer mentioned nerve block approvals but did not specify.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Radiofrequency ablation of the left knee genicular nerves: 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), Low Back (updated 6/10/14), Facet joint radiofrequency neurotomy, Criteria for use of facet joint radiofrequency neurotomy.

**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: Pain. 2011 Mar;152(3):481-7. doi: 10.1016/j.pain.2010.09.029. Epub 2010 Nov 4. Radiofrequency treatment relieves chronic knee osteoarthritis pain: a double-blind randomized controlled trial. Choi WJ1, Hwang SJ, Song JG, Leem JG, Kang YU, Park PH, Shin JW.

**Decision rationale:** Regarding ablation of the genicular nerves, MTUS and ODG are both silent. There have been recent studies on this technique, with success. This cited article notes that chronic osteoarthritis (OA) pain of the knee is often not effectively managed with current non-pharmacological or pharmacological treatments. Radiofrequency (RF) neurotomy is a therapeutic alternative. The study involved 38 elderly patients with a severe knee pain lasting more than 3 months, a positive response to a diagnostic genicular nerve block and no response to conservative treatments. Neurotomy of genicular nerves leads to significant pain reduction and functional improvement in a subset of elderly chronic knee pain, and thus may be an effective treatment in such cases. Further trials with larger sample size and longer follow-up are warranted. The only concern is that the studies are small, and there are no large scale studies to show effectiveness in the more general worker population. We do not want to support a technique until it is fully studied, and we are assured no harm would come to the patient through a not-fully tested technique. The request is not medically necessary.