

Case Number:	CM14-0174026		
Date Assigned:	10/27/2014	Date of Injury:	06/07/2008
Decision Date:	12/03/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/21/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 48-year-old female who reported a work related injury on 06/07/2008. The mechanism of injury was a fall. Her diagnoses consist of lumbar facet arthropathy. Past treatment was noted to include medication and a lumbar radiofrequency ablation medial branch nerve bilaterally at L3, L4, and L5. The injured worker's surgical history consists of a lumbar radiofrequency ablation medial branch nerve bilaterally at L3, L4, and L5 with fluoroscopic guidance on an unspecified date. Per the clinical note dated 07/03/2013, the injured worker presented for a followup. The injured worker underwent a diagnostic lumbar medial branch block with lidocaine and reported 90% pain relief and significantly increased range of motion in the blocked area lasting up to 3 hours after the first procedure performed with lidocaine. The injured worker reported significant pain relief after the second injection performed with bupivacaine, lasting up to 6 hours. Then the injured worker gradually increased in intensity, and returned to the baseline level. The injured worker complained of low back pain radiating to both buttocks and the back of both thighs. The pain was noted to be constant 90% to 100% of the time. The pain was noted to be sharp and throbbing. The pain became worse with bending backwards. There were no palliative factors noted. The pain did not seem to decrease with rest or other measures. On physical examination, it was noted that the patient had a left sided antalgic gait. Upon palpation of the cervical spine, it was noted that there was paravertebral muscle tenderness and trigger points. There was no spinal process tenderness noted. Cervical facet loading was negative on both sides. Spurling's maneuver produced no pain in the neck musculature or radicular symptoms in the arm. Upon examination of the thoracic spine it was noted that there was normal curvature of the thoracic spine. Full flexion, extension, and lateral bending were noted. The spinous process was tender to palpation and percussion. There was no midline shift. The paraspinal muscles were without tenderness, increased tone, or appreciable

trigger point. Examination of the lumbar spine revealed loss of normal lordosis, with straightening of the lumbar spine. Extension range of motion was limited to 10 degrees by pain. Palpation revealed tenderness and trigger points on both sides. There was no spinal process tenderness noted. Heel and toe walking was normal. Lumbar facet loading was positive on both sides. Motor strength was noted to be 5/5 and symmetrical. Straight leg raise testing was negative on both sides at 90 degrees. All lower extremity reflexes were equal and symmetric. Neurologic examination revealed that the patient was alert and oriented times 3. Cranial nerves 2 through 12 were grossly intact. Motor strength was 5/5 in all major muscle groups. Sensation was intact to light touch and pinprick. Reflexes were equal and symmetric bilaterally in the upper and lower extremities. The injured worker had negative Romberg's and Babinski's tests. Examination of the left knee revealed no deformity, swelling, quadriceps atrophy, asymmetry, or malalignment. Range of motion was restricted with flexion and extension. Tenderness to palpation was noted over the lateral joint line and medial joint line. There was no joint effusion noted. Her prescribed medications were noted to include Cymbalta, Phenergan, Butrans, Avapro, clonidine HCL, and bupropion SR. The treatment plan consisted of Left superior lateral, superior medial and interior medial genicular nerve block with ultrasound guidance. The rationale for the request was that a medial branch block was done recently and the pain relief was significant but short lived, and there was minimal residual pain relief. A Request for Authorization Form was submitted for review on 07/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left superior-lateral, superior-medial and interior-medial genicular nerve block 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) Knee, Radiofrequency neurotomy (of genicular nerves in knee)

Decision rationale: The request for Left superior-lateral, superior-medial and interior-medial genicular nerve block with ultrasound guidance is not medically necessary. The Official Disability Guidelines state that radiofrequency neurotomy of the genicular nerve in the knee is not recommended until higher quality studies with longer followup periods are available to demonstrate the efficacy of radiofrequency genicular neurotomy, but also track any long term adverse effects. Therefore, the request is not medically necessary.