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| Case Number: | CM14-0180420 | | |
| Date Assigned: | 11/05/2014 | Date of Injury: | 01/03/2007 |
| Decision Date: | 02/04/2015 | UR Denial Date: | 10/14/2014 |
| Priority: | Standard | Application Received: | 10/30/2014 |

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 Orthopedic Surgery 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 56-year-old male who reported an injury on 01/13/2006. The mechanism of injury was unspecified. His diagnoses include chronic left knee pain, status post left partial knee replacement, status post multiple left knee surgeries, left knee osteoarthritis, left knee lower extremity neuropathic pain, depression secondary to chronic knee pain, and headaches secondary to chronic pain. His past treatments include physical therapy, medications, and surgery. Diagnostic studies were not provided. Pertinent surgical history included a partial left knee replacement. On 10/28/2014, the injured worker presented for physical assessment. The physical examination revealed the left knee range of motion was restricted to all planes, with tenderness upon palpation. It was also indicated the injured worker had positive provocative maneuvers with crepitus and clicking. The injured worker's muscle stretch reflexes were symmetrical bilaterally in all limbs, with normal muscle strength, with absence of clonus, Babinski's and Hoffman's signs. His current medications include temazepam 30 mg, Dilaudid 2 mg, Cymbalta 90 mg, and Phenergan 25 mg. The treatment plan included a left knee fluoroscopically guided superolateral, superomedial, inferomedial geniculate nerve block, quantity of 1. A rationale was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee flourosopically guided superolateral, superomedial, inferomedial geniculate nerve block, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Intravenous regional sympathetic blocks (for RSD/CRPS, nerve blocks) Page(s): 55-56.

Decision rationale: The request for left knee fluoroscopically guided superolateral, superomedial, inferomedial geniculate nerve block, quantity of 1, is not medically necessary. According to The California MTUS Guidelines, intravenous regional sympathetic blocks for Reflex Sympathetic Dystroph (RSD)/ Complex regional pain syndrome (CRPS) nerve blocks are not recommended except when treatments are contraindicated. The guidelines also indicate that there are no trials suggesting benefits from intravenous regional sympathetic blocks. However, when the procedure is performed, it must be done in conjunction with a rehabilitation program. The injured worker is indicated to have chronic low back pain. There was a lack of documentation to indicate the injured worker had reflex sympathetic dystrophy or complex regional pain syndrome or will be participating in a rehabilitation program in conjunction with the nerve block. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.