

Case Number:	CM15-0149295		
Date Assigned:	08/12/2015	Date of Injury:	08/29/2005
Decision Date:	09/15/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/31/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 female with an industrial injury dated 08-29-2005. The injured worker's diagnoses include pain in the joint of lower leg, localized primary osteoarthritis of lower leg, and opioid type dependence continuous. Treatment consisted of diagnostic studies, prescribed medications, injections, visco-supplementation, bilateral knee arthroscopic surgery and periodic follow up visits. In a progress note dated 06-30-2015, the injured worker reported bilateral knee pain, greater on the left. Objective findings revealed generalized mild knee tenderness with mild crepitation. The treatment plan consisted of medication management and genicular nerve block. The treating physician prescribed services for genicular nerve block x3 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genicular Nerve Block x3: 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), Knee & Leg Chapter, Genicular nerve block; Radiofrequency neurotomy (of genicular nerves in knee).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Genicular Nerve Block.

Decision rationale: Per the ODG guidelines, genicular nerve blocks are not supported by evidence based guidelines. With regard to neurotomy: Not recommended in the knee until higher quality studies with longer follow-up periods are available, to demonstrate the efficacy of neurotomy, but also to track any long-term adverse effects. In one small study RF neurotomy of genicular nerves led to significant pain reduction and functional improvement in elderly patients with chronic knee OA pain who had a positive response to a diagnostic genicular nerve block, but they concluded that further trials with a larger sample size and longer follow-up were recommended. (Choi, 2011) Radiofrequency (RF) neurotomy of articular nerve branches in the knee (genicular nerves) provides a therapeutic alternative for management of chronic pain associated with osteoarthritis of the knee. As the requested procedure is not recommended, the request is not medically necessary.