

Case Number:	CM15-0163777		
Date Assigned:	09/01/2015	Date of Injury:	11/30/2004
Decision Date:	09/30/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 who sustained an industrial injury on November 30, 2004. The worker was employed as a chart clerk. A primary treating office visit dated March 03, 2015 reported the worker having undergone a lumbar facet rhizotomy on January 29, 2015 with noted very good benefit. She reports up to a 75% reduction in pain. The previous rhizotomy done August 20, 2009 offered 60-70% relief for over a year of duration. She is with subjective complaint of bilateral knee pains. She has also been administered injections to the knees treating significant osteoarthritis with medial joint space narrowing bilaterally. She relies on the use of Anaprox, and Prilosec daily and Norco intermittently. The assessment found the worker with: lumbar myoligamentous injury with associated facet joint arthropathy' bilateral knee osteoarthritis with medial joint space narrowing; status post left knee arthroscopic surgery February 25, 2011; bilateral wrist internal derangement; right knee arthroscopy 2006; reactionary depression and anxiety, and medication induced gastritis. She was administered a right intra-articular knee injection. There is recommendation to administer a Synvisc injection to the right knee. She was also administered trigger point injections this visit treating the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medial inferior genicular nerve block: 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 and Leg Chapter, Nerve Block.

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 (Acute & Chronic), Radiofrequency neurotomy (of genicular nerves in knee) and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p60.

Decision rationale: The claimant has a remote history of a work injury occurring in November 2004 as being treated for bilateral knee pain. She underwent right knee arthroscopic surgery in 2006 and left knee arthroscopic surgery in 2011. Treatments have included corticosteroid and viscosupplementation injections. She has advanced osteoarthritis. When seen she was having right were still left knee pain. There was tenderness with crepitus. Injections had provided temporary pain relief. Authorization was requested for bilateral genicular nerve blocks for the purpose of a possible rhizotomy. Guidelines state that local anesthetic injections have been used to diagnose certain pain conditions that may arise out of occupational activities, or due to treatment for work injuries. Local anesthetic injections may be useful when differentiating pain due to compression of a nerve from other causes. In this case, the claimant has ongoing bilateral knee pain after arthroscopic knee surgery. Injury to the genicular nerve is a recognized potential complication and source of pain following this procedure. However, the request is specifically for the purpose of determining whether to perform a rhizotomy which is not recommended. Higher quality studies with longer follow-up periods are needed to demonstrate the efficacy of radiofrequency genicular neurotomy and to evaluate for any long-term adverse effects. The requested genicular nerve block is not medically necessary.