

Case Number:	CM15-0168634		
Date Assigned:	09/09/2015	Date of Injury:	08/08/2009
Decision Date:	10/08/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/27/2015

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 69 year old female, who sustained an industrial injury on 08-08-2009 resulting in pain or injury to both knees, low back and neck. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral knee pain, radicular neck pain, and radicular low back pain. Medical records (03-03-2015 to 07-24-2015) indicate ongoing neck pain, low back pain, and bilateral knee pain with only temporary improvement from treatments. Records also indicate no changes in activities of daily living. Per the primary treating physician's progress report (PR), the injured worker is not working and considered to be permanent and stationary. The physical exams, dated 06-30-2015 and 07-24-2015, revealed tenderness along the medial and lateral joint line of the left knee as well as crepitus with mild soft tissue swelling. There have been no changes in the physical exam findings since 03-2015. Relevant treatments have included one Synvisc injection to the left knee resulting in increased ability to move the left knee with continued pain, cortisone injections to the left knee resulting in short term decreased pain to the left knee, and pain medications. A total left knee arthroplasty was recommended, but the treating physician noted that he wanted to attempt a diagnostic Genicular nerve block prior to pursuing the knee replacement. The treating physician indicates that x-rays were completed of the left knee on 05-15-2014 showing degenerative changes of the medial compartment with narrowing of the cartilage interval; however, the radiology report was not available for review. The request for authorization, per the PR (07-24-2015), shows that the following procedure was requested: left knee diagnostic Genicular nerve block. The original utilization review (08-05-2015) denied the request for a left knee diagnostic Genicular nerve

block due to the lack of high quality studies with longer follow-up periods and creditable medical evidence to support the medical necessity of this procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee diagnostic 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 & Leg - Neurotomy.

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 sustained a work injury in August 2009 and continues to be treated for radiating neck and radiating low back pain, cervicogenic headaches, and bilateral knee pain. She underwent a right total knee replacement in October 2013. Treatments for the left knee have included corticosteroid and viscosupplementation injections. When seen, there was decreased cervical and lumbar spine range of motion with tenderness, increased muscle tone, and trigger points. There was decreased left shoulder and knee range of motion. There was decreased upper extremity strength and lower extremity sensation. Straight leg raising was positive on the right side. There was left knee joint line tenderness with swelling and crepitus. Authorization is being requested for a geniculate nerve block. The specific reason given is to determine whether the claimant would be a candidate for a 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 left knee pain due to osteoarthritis. She has not undergone left knee surgery. 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 therefore not considered medically necessary.