

Case Number:	CM15-0212946		
Date Assigned:	11/02/2015	Date of Injury:	04/15/2004
Decision Date:	12/21/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/29/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55 year old female patient, who sustained an industrial injury on April 15, 2004. The diagnoses include left knee internal derangement, status post left knee surgery, chronic left knee pain, left degenerative disc disease and left total knee replacement. Per the doctor's note dated 9/1/15, she had complaints of pain down the left leg to middle toe and low back pain with radiation up to cervical spine. Per the doctor's note dated March 11, 2015, she had complaints of worsening left knee pain with 50% decreased knee range of motion in all directions. Per the doctor's note dated July 31, 2015, she presented for physical assessment for chronic left knee pain. Bending, twisting, lifting, prolonged standing and walking were noted to aggravate the pain. Physical exam revealed tenderness over the lumbar paraspinal muscles and left knee; lumbar spine and knee ranges of motion were noted to be restricted by pain in all directions. The medications list includes nucynta, ambien and lyrica. She has had a lumbar spine MRI on 8/27/15. She has undergone left total knee replacement in 2010; left knee surgeries in 2005 and 2009. The patient was noted to fail multiple surgeries and non-surgical treatments to the left knee. The treatment plan included a fluoroscopically-guided left knee superolateral, supermedial and inferomedial genicular nerve block. On September 29, 2015, utilization review denied a request for one fluoroscopically-guided left knee superolateral, supermedial and inferomedial genicular nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Fluoroscopically - Guided left knee superolateral, supermedial, and inferomedial 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)- Treatment for Workers Compensation Online Edition 2015 Knee & Leg Chapter (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 07/10/15), Genicular nerve block, Radiofrequency neurotomy (of genicular nerves in knee).

Decision rationale: Fluoroscopically - Guided left knee superolateral, supermedial, and inferomedial genicular nerve block ACOEM and CA MTUS do not address this request. Per the ODG Guidelines Genicular nerve block is 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. There is no high grade scientific evidence to support genicular nerve block for this diagnosis. Failure to conservative therapy including home exercise and pharmacotherapy is not specified in the records provided. The request for 1 Fluoroscopically Guided left knee superolateral, supermedial, and inferomedial genicular nerve block is not medically necessary.