

Case Number:	CM15-0015742		
Date Assigned:	02/03/2015	Date of Injury:	06/19/2002
Decision Date:	03/24/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 65 year old male, who sustained an industrial injury on 6/19/2002, while working as a truck driver. He has reported neck and back pain. The diagnoses have included brachial neuritis or radiculitis and pain in joint, lower leg. Treatment to date has included multiple spinal surgical interventions and conservative measures. Currently, the injured worker complains of bilateral knee pain, stating "My knees are shot." A bilateral knee surgery was documented in 2005. He also reported a knot on the back of his head, with burning pain. His physical exam noted muscle spasm to the upper occipital area. Pain level was 10/10, on unsigned progress notes dated 10/15/2014 and 11/12/2014. An x-ray of the cervical spine, date 11/20/2014, noted evidence of previous cervical fusion without evidence of hardware loosening or failure. Degenerative interspace narrowing with ventral osteophyte formation was present at C7 and C7-T1. The PR2 form, dated 1/07/2015, noted neck and knee pain, rated 9/10, and activities of daily living were "ok, not great". A detailed physical examination was not documented. On 1/13/2015, Utilization Review non-certified a request for cervical epidural injection at C7-T1 with intravenous sedation and fluoroscopy and a request for bilateral knee adductor canal block, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection at C7-T1 with IV sedation and fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck & Upper Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections. Page(s): 46.

Decision rationale: Cervical Epidural Injection at C7-T1 with IV sedation and fluoroscopy is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not reveal physical exam findings of radiculopathy in the C7-T1 distribution. The request does not indicate a laterality of the injection. The request for Cervical Epidural Injection at C7-T1 with IV sedation and fluoroscopy is not medically necessary.

Adductor canal block x 2-1 to each knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Peripheral Nerve Blocks & <http://anesthesiology.pubs.asahq.org/article.aspx?articleid=1917885>

Decision rationale: Adductor canal block x 2-1 to each knee is not medically necessary per reviewing guideline recommendations. The MTUS and ODG do not address this issue. A review of Aetna clinical policy states that peripheral nerve blocks as sole treatment for chronic pain are considered experimental and investigational. Aetna considers femoral nerve blocks medically necessary for acute post-operative pain after knee replacement surgery. A review of adductor blocks online also reveals that adductor blocks are used postoperatively after total knee replacement. The documentation does not reveal that this procedure will be used for an acute post op knee surgery. The patient has chronic pain. Furthermore, physical exam findings and history do not reveal extenuating factors that require this block in each knee. Therefore, this procedure is not medically necessary.