MAXIMUS Federal Services

| Case Number: | CM15-0123982 | | |
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| Date Assigned: | 07/08/2015 | Date of Injury: | 08/08/2009 |
| Decision Date: | 08/26/2015 | UR Denial Date: | 06/12/2015 |
| Priority: | Standard | Application Received: | 06/26/2015 |

## 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
Certification(s)/Specialty: Preventive Medicine, Occupational 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 69 year old female patient who sustained an industrial injury on 08/08/2009. A pain management follow up dated 06/02/2015 reported the patient being status post a second in a series of two diagnostic cervical epidural injections on 04/16/2015 which did provide a good 50% pain relief to her neck along with radicular symptoms. She continues unfortunately with subjective complaint of lower back pain that radiates to the bilateral lower extremities and bilateral knee pain. She has also received injections to the knee treating the pain. There was also surgical intervention recommended in a knee replacement but the patient is not ready for surgery and wishes to receive an injection again continuing with conservative treatment. The assessment found the patient with cervical myoligamentous injury with right upper extremity radicular symptom; lumbar myoligamentous injury with right lower extremity radicular symptom; right knee internal derangement, status post arthroscopy 12/08/2011; status post right knee replacement 10/04/2013; left shoulder internal derangement, status post-surgery 1988 (prior industrial injury); lumbar spine sprain/strain, (prior industrial injury); medication induces gastritis, and left knee strain/sprain, industrial related. The plan of care noted administration of a left knee diagnostic genicular nerve blocks above and below the knee determining whether rhizotomy versus left knee arthroplasty. The following medications were refilled this visit: Anaprox, Prilosec, Ultracet, and Neurontin. She is to continue with outpatient physical therapy session that has shown benefit. There is recommendation to treat myofascial pain with trigger point injections.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee Genicular Nerve Block:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 05/05/15) Online Version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Radiofrequency neurotomy (of genicular nerves in knee), Knee & Leg (Acute & Chronic).

**Decision rationale:** According to the Official Disability Guidelines, radiofrequency neurotomy of genicular nerves in knee 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. 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. Left Knee Genicular Nerve Block is not medically necessary.