

Case Number:	CM15-0127942		
Date Assigned:	07/14/2015	Date of Injury:	05/23/2005
Decision Date:	08/13/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/02/2015

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: 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 50 year old female, who sustained an industrial injury on May 23, 2005, incurring right knee injuries. Treatment included surgical interventions of the right knee, physical therapy, anti-inflammatory drugs, neuropathic medications, physical therapy, home exercise program, epidural steroid injection, and work restrictions. Currently, the injured worker complained of right knee pain radiating down into the right foot. She rated the pain a 6 on a pain scale from 0 to 10. The pain was increased with prolonged sitting and standing. She had weakness, numbness and tingling in the lower extremities. She complained of difficulty driving. She was diagnosed with reflex sympathetic dystrophy of the right leg. The treatment plan that was requested for authorization included bilateral medial geniculate nerve injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medial geniculate nerve injections, #1: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter,

Genicular nerve block, Radiofrequency neurotomy (of genicular nerves in knee), and Neurotomy.

Decision rationale: Regarding the request for bilateral medial geniculate nerve injections, CA MTUS does not address the issue. ODG cites that genicular nerve block and neurotomy are 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 light of the above issues, the currently requested bilateral medial geniculate nerve injections are not medically necessary.