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Date notice sent to all parties: 09/25/18

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

XX knee nerve block with ultrasound guidance

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified in Anesthesiology
Fellowship Trained in Pain Management
Added Qualifications in Pain Medicine

REVIEW OUTCOME: Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

XX knee nerve block with ultrasound guidance – Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was allegedly injured at work in XXXX, injuring XXXX XX knee. On XXXX, XXXX underwent XX XX wedge XX, XX knee arthroscopic revision of an XX with XX, XX knee XX repair, XX knee XX with XX, and XX knee XX XX and XX of the XX and XX compartments. The patient apparently continued to complain of XX knee pain despite that surgery. On XXXX, the patient was seen by XXXX for XXXX complaint of greater than XX years of XX knee pain and failed physical therapy and medications. The patient also complained of swelling of the XX knee, as well as XX. XXXX diagnosed possible XX and started the patient on XXXX. Physical examination documented XX and XX to pinprick, but not temperature asymmetry, skin color changes, skin color asymmetry, sweating changes, sweating asymmetry, no decreased range of motion, no weakness, tremor, dystonia, or motor dysfunction, and no trophic changes. Non-specific edema of the XX knee was noted. XXXX then apparently performed a diagnostic XX sympathetic block on XXXX, following-up with the patient on XXXX who reported no pain relief from the XX sympathetic block. XXXX also noted the

patient had stopped taking XX medication following the XX sympathetic block and that XXXX would no longer prescribe such medications. Instead, XXXX increased XXXX to XXXX XX times a day and continued XXXX XX times a day and started XXXX at night. Physical examination documented only XX to pinprick. Allodynia, temperature asymmetry, skin color changes, skin color asymmetry, edema, sweating changes, and sweating asymmetry were all negative. Range of motion, motor dysfunction, and trophic changes were also negative.

XXXX followed up with the patient on XXXX noting XXXX continued pain complaint of unchanged XX knee pain. XXXX noted the patient had been seen by a XXXX on XXXX who requested that a XX knee MRI scan be done. XXXX noted XXXX plan to try “XX nerve block” if the patient had no mechanical problems and possibly “XX XX nerve RFA neurotomy” if the patient received more than 50% pain relief from the “XX nerve block.” Physical examination was again positive for only XX with everything else, including range of motion, normal. Two separate physician advisors subsequently reviewed XXXX’s request for the nerve block, recommending non-authorization, citing the Official Disability Guidelines (ODG) as the criteria. The second physician reviewer specifically noted that “documentation does not substantiate the injured worker has neuromas on physical exam or objective findings” and that “physical exam is incomplete and does not mention the need for this nerve block.” Citing the ODG guidelines, that physician reviewer noted that the guidelines recommended nerve blocks for evaluation and treatment of XX, but not for XX nerves for XX or post total knee replacement.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Based upon XXXX’s multiple physical examinations, there is no physical examination evidence of this patient having any dysfunction of the knee, including virtually all potential signs of XX, as well as including no decreased range of motion. Given the extensive nature of the surgeries performed on the patient’s XX knee, the requested XX knee MRI scan, which apparently has not yet been done, may shed light on structural anatomic abnormalities within the XX knee that could be otherwise treated and resolved. Since that MRI scan has apparently been requested as of XXXX by XXXX, but according to the records provided to me, has not yet been done or its results documented, there is no medical reason or necessity to proceed with the requested geniculate nerve block as XXXX has requested. Moreover, as stated by the second physician reviewer, the ODG guidelines do not support the use of genicular nerve blocks for treatment of conditions other than neuroma. There is no documentation or diagnosis of neuroma for this patient. Therefore, the requested XX knee nerve block with ultrasound guidance is not reasonable, medically necessary, and is not supported by the ODG guidelines. The prior recommendations for non-authorization by two separate physician reviewers, therefore, are upheld at this time.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
 - INTERQUAL CRITERIA**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
 - MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
 - MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
 - PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
 - TEXAS TACADA GUIDELINES**
 - TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
 - OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**