

Case Number:	CM14-0154784		
Date Assigned:	09/24/2014	Date of Injury:	05/22/2007
Decision Date:	10/27/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 66-year-old female with a 5/22/07 date of injury; the mechanism of the injury was not described. The patient underwent L4-L5 and L5-S1 laminectomy and Prodisc replacement at L3-L4 on 6/2/08. The patient underwent implantation of 2 thoracic epidural and 2 bilateral sacroiliac peripheral neuroelectrodes on 8/8/13 and a recharge position sensing pulse generator on 8/15/13. The patient underwent revision of 2 sacroiliac peripheral neuroelectrodes on 12/12/13 with marked improvement in the bilateral sacroiliac stimulation paresthesia coverage without adverse stimulation. The patient was seen on 9/4/14 with complaints of 6/10 low back pain and burning pain around the area of the neuroelectrode extension connection to the Medtronic pulse generator within the subcutaneous pocket. The patient also complained of bilateral radiating leg pain. Exam findings revealed absence of tenderness around the pulse generator, however the patient reported episodic allodynia over the right abdominal pulse generator and transient burning pain in the area of the pulse generator. The range of motion was decreased in the lumbar spine and there was weakness in the muscles of bilateral lower extremities. The left Achilles DTR was absent and the sensation to light touch was decreased in the left 3,4,5 toes and right 1,2,3 toes. The diagnosis is low back pain, bilateral iliolumbar and sacroiliac enthesopathy, bilateral trochanteric bursitis, right shoulder capsulitis, lumbar core weakness and right subacromial bursitis and right shoulder capsulitis. Treatment to date: medications, physical therapy, work restrictions. An adverse determination was received on 9/10/14 given that the guidelines revealed a lack of evidence on the effects of injection therapies for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Steroid & Local anesthetic injection to pulse generator pocket: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: CA MTUS Guidelines state that corticosteroids (oral/parenteral/IM for low back pain) are recommended in limited circumstances for acute radicular pain, and patients should be aware that research provides limited evidence of effect with this medication. Corticosteroids are not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain. There is no clear rationale with regards to the necessity for steroid injection to the pulse generator pocket. The physical examination did not reveal any inflammation or tenderness around the generator. In addition, the Guidelines do not support corticosteroid injections for acute non-radicular pain or chronic pain. Therefore, the request for 1 Steroid & Local anesthetic injection to pulse generator pocket was not medically necessary.