MAXIMUS Federal Services

Case Number:	CM15-0021091		
Date Assigned:	02/10/2015	Date of Injury:	05/22/2007
Decision Date:	04/03/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/03/2015

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, Washington
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 66-year-old female who reported an injury on 06/10/2007. The mechanism of injury was not specifically stated. The current diagnoses include primary low back pain, bilateral iliolumbar and sacroiliac enthesopathy, bilateral trochanteric bursitis, lumbar core weakness, left S1 radiculopathy, status post decompression laminectomy and fusion on 06/02/2008, status post implantation of 2 thoracic epidural and 2 bilateral sacroiliac peripheral neuroelectrodes, pelvic obliquity with right ilium anterior rotation and right bicipital tendonitis with right shoulder capsulitis. The injured worker presented on 02/09/2015 for a follow up evaluation with complaints of 5/10 bilateral leg radiating pain with 6/10 burning pain in the area of the right abdominal pulse generator. The injured worker was utilizing Savella 50 mg, gabapentin 600 mg, and Topamax 50 mg. It was noted that the injured worker underwent revision of 2 sacroiliac peripheral neuroelectrodes on 12/12/2013 with marked improvement in bilateral sacroiliac stimulation paresthesia coverage. The injured worker also underwent revision of 2 thoracic epidural neuroelectrodes and implantation of position sensing rechargeable pulse generator in the right anterior abdomen on 08/15/2013. The injured worker noted 50% relief of bilateral lower extremity pain and 50% relief of bilateral sacroiliac pain with the use of the neurostimulation system. Upon examination, there was an absent left Achilles deep tendon reflex, trace Achilles deep tendon reflex on the right, decreased sensation to light touch in the left 3rd, 4th, and 5th toes, decreased sensation in the right 1st, 2nd, and 3rd toes, 3+/5 motor weakness, 10 degree flexion, 20 degree extension, 10 to 15 degree lateral bending, and tenderness over the right abdominal implanted pulse generator without evidence of infection.

Recommendations included continuation of the current medication regimen. It was noted that a previous denial had been issued for a local anesthetic and steroid injection to the pulse generator subcutaneous pocket as an office procedure to treat a presumed neuroma of the subcutaneous pocket. A Request for Authorization form was then submitted on 01/15/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Local anesthetic & steroid injection to the pulse generator subcutaneous pocket (to be done in the office): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309,Chronic Pain Treatment Guidelines Corticosteroids (oral/parenteral/IM for Low back pain). Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques, such as injections of cortisone and lidocaine, are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. In this case, it is noted that the injured worker reports burning pain around the area of the neuroelectrode extension connection to the pulse generator. However, it is noted that the injured worker underwent revision of 2 sacroiliac peripheral neuroelectrodes as well as revision of 2 thoracic epidural electrodes. The California MTUS/ACOEM Practice Guidelines reveal a lack of evidence on the effects of injection therapy for low back pain. Based on the clinical information received and the California MTUS/ACOEM Practice Guidelines, the request is not medically appropriate at this time.