

Case Number:	CM13-0028784		
Date Assigned:	11/27/2013	Date of Injury:	02/16/2010
Decision Date:	01/31/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology and is licensed to practice in Massachusetts, Ohio, and Texas. 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 physician 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:

The patient is a 46-year-old female who sustained a work-related injury on 06/09/2013. The patient's diagnoses include cervical and thoracic sprains and rule out right shoulder internal derangement. Subjectively, the patient reported complaints of neck and midback pain rated at a 9/10. Objective findings revealed spasms, decreased muscle strength in the neck, decreased range of motion and a grip strength of 20 pounds bilaterally. The treatment plan included recommendations for an MRI, EMG/NCV and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Localized Intense Neurostimulation Therapy (LINT) procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Chronic pain Page(s): 120.

Decision rationale: California MTUS Guidelines indicate that a "neuromuscular electrical stimulation (NMES devices) is not recommended. NMES is used primarily as part of a rehabilitation program following stroke, and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain." Given

the above criteria, the request is not supported. As such, the request for 1 localized intense neurostimulation therapy (LINT) procedure is non-certified.

1 Trigger Point Impedance Imaging (TPII) procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation : <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3700778/>

Decision rationale: There was a lack of evidenced-based recommendations in regards to the requested service's efficacy. Therefore, the request cannot be validated. As such, the request for 1 trigger point impedance imaging (TPII) procedure is non-certified.

1 special report: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Chronic pain programs (functional restoration programs),.

Decision rationale: CA MTUS Guidelines state that "integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program." A lack of clarity of the request does not support certification. As such, the request for 1 special support is non-certified.