

Case Number:	CM13-0036401		
Date Assigned:	12/13/2013	Date of Injury:	11/19/2012
Decision Date:	06/19/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/21/2013

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 Physical Medicine and Rehabilitation 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:

The patient is a 41 year-old male who sustained an injury on November 19, 2012 while employed by [REDACTED]. The requests under consideration include Localized Intense Neurostimulation Therapy Lumbar once a week for six weeks and Trigger Point Impedance Imaging once a week for six weeks for the Lumbar Spine. Diagnoses included lumbar sprain and thoracolumbar neuritis/radiculitis. The report dated September 27, 2013 from the Chiropractic provider noted that the patient had frequent low back pain; with a visual analogue scale (VAS) of 7/10 with numbness; pain is reduced with rest. Exam of the lumbar spine showed Valsalva, Kemp's, Yeomans and iliac compression revealed pain bilaterally; moderate paraspinal tenderness to palpation from T12 through T1; lumbar range of motion is within normal limits in all planes. The report dated June 21, 2013, from the provider, noted a 7/10 back pain with numbness. The exam noted same pain and tenderness from Tinel, Phalen's and Finkelstein testing; with normal sensation, reflexes, and motor exam of the lower extremities. The request for the above neurostim therapy and trigger point impedance imaging for the lumbar spine was non-certified on October 7, 2013 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

LOCALIZED INTENSE NEUROSTIMULATION THERAPY FOR THE LUMBAR SPINE 1X6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine.

Decision rationale: Review of California MTUS and ACOEM Guidelines, and the Official Disability Guidelines, National Clearing House and National Library of Medicine are silent on localized intense neuro-stimulation therapy (LINT) and treatment appears to be experimental. Submitted reports have not provided any description of this procedure, its intended use or necessity to treat the patient's diagnoses, relieving symptoms and providing functional improvement. The provider has not provided any evidence-based studies to support this treatment request. Therefore, the request is not medically necessary and appropriate.

TRIGGER POINT IMPEDANCE IMAGING FOR THE LUMBAR SPINE, 1X6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Low Back and Pain Chapters

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTION, Page(s): 122. Decision based on Non-MTUS Citation The National Guidelines Clearing House

Decision rationale: Review of California MTUS and ACOEM Guidelines, and the Official Disability Guidelines, and National Library of Medicine are silent on trigger point impedance imaging and the provider has not provided any evidence-based studies to support this treatment request. The patient had received multiple treatment modalities for this chronic 2012 injury without evidence of failure of conservative treatment for this musculoskeletal sprain and strain injury with persistent unchanged chronic pain. The goal of TPI's is to facilitate progress in physical therapy and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, the Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional activities of daily living; however, in regards to this patient, exam findings are without clear deficits. Medical necessity for the Trigger point impedance imaging treatment has not been established and does not meet any evidenced-based criteria. Therefore, the request is not medically necessary and appropriate.