

<b>Case Number:</b>	CM13-0044452		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/23/2013
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma 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 24-year-old male who reported an injury on 06/23/2013. The mechanism of injury was not provided. The patient was noted to have tenderness to palpation of the paraspinal muscles. The patient was noted to have decreased range of motion with lateral bending. The patient was noted to have subjective complaints of pain in the lumbar spine, cervical spine, and thoracic spine. The patient's diagnoses were cervical spine sprain and strain and thoracic spine sprain and strain. The request was made for LINT therapy and trigger point injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TPI 1-trigger point impedance imaging:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

**Decision rationale:** The California MTUS Guidelines indicate that trigger point injections are for myofascial pain syndrome and the criteria for the use include documentation of circumscribed trigger points with evidence upon palpation of a twitch response and referred pain. Additionally, symptoms must be noted to have persisted for more than 3 months and medication

management therapies, including physical therapy, nonsteroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants have failed to control pain. The clinical documentation submitted for review failed to show that the patient had a diagnosis or findings of myofascial pain syndrome. Additionally, there was a lack of documentation of circumscribed trigger points with evidence upon palpation of a twitch response and referred pain as well as documentation of symptoms persisting for more than 3 months and documentation that medication management therapies failed to control pain. Additionally, per the submitted request, there was a lack of documentation indicating the location for the trigger point injection. Given the above, the request for TPI 1-trigger point impedance imaging is not medically necessary.

**LINT- localized intense neuro stim therapy to the left side:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** NMES is also known as LINT or Localized Intensive Neurostimulation Therapy. The 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. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendation. Additionally, there was a lack of documentation indicating the number of sessions being requested. Given the above, the request for LINT (localized intense neuro stim therapy) to the left side is not medically necessary.