

<b>Case Number:</b>	CM13-0045720		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/20/2011
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Illinois. 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 32-year-old male who reported injury on 04/20/2011. The mechanism of injury was a slip and fall. The documentation submitted for review with a DWC Form RFA dated 10/31/2013 was a physical examination on 09/24/2013 which revealed the patient had decreased lumbar range of motion that was painful. The claimant had complaints of constant moderate dull, achy, sharp low back stiffness. The patient had +3 tenderness to palpation of the lumbar paravertebral muscles with muscle spasm of the lumbar paravertebral muscles. The straight leg raise was positive on the right and Kemp's was positive bilaterally. The diagnoses were noted to include lumbar disc protrusion, lumbar muscle spasm, lumbar musculoligamentous injury, and lumbar pain. The request was made for trigger point imaging TPI/localized intense neurostimulation therapy for the back 1x12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point Imaging TPI/Localized Intense Neurostimulation Therapy(LINT) for the back 1x12:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121, 122, 115, 116.

**Decision rationale:** California MTUS recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of Trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; Symptoms have persisted for more than three months; Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; Radiculopathy is not present (by exam, imaging, or neuro-testing). The clinical documentation submitted for review failed to indicate the patient has circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. There was a lack of documentation indicating medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants that failed to control pain and there was a lack of documentation indicating the patient did not have radiculopathy. The clinical documentation submitted for review failed to indicate the patient had a sensory examination with myotomal and dermatomal findings. The request for Trigger Point Imaging TPI would not be supported. 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. A one month trial of a TENS unit is recommended if it is used as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical documentation submitted for review failed to indicate exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for trigger point Imaging TPI/Localized Intense Neurostimulation Therapy (LINT) for the back 1x12 is not medically necessary.