

Case Number:	CM13-0046311		
Date Assigned:	12/27/2013	Date of Injury:	04/02/2013
Decision Date:	03/04/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	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 Internal Medicine and Cardiology, has a subspecialty in in Cardiovascular Disease and is licensed to practice in 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 41-year-old injured worker who reported an injury on 04/02/2013. The mechanism of injury was not provided for review. The patient's most recent clinical documentation reveals that the patient has cervical, thoracic, and lumbar spine pain rated at 4/10 to 6/10, bilateral shoulder pain rated at 5/10, bilateral knee pain rated at 2/10, and bilateral wrist pain rated at 4/10. It was noted that the patient's myofascial pain was increased with walking. The patient's diagnosis included myospasms of the cervical, thoracic, and lumbar spine. The patient's treatment plan included trigger point impedance imaging 1 time for 6 to 12 weeks and localized intense neurostimulation therapy 1 time for 6 to 12 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point impedance imaging once a week for six to twelve weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Miguel Gorenberg and Kobi Schwartz, Imaging-guided hyperstimulation analgesia in low back pain, J Pain Res. 2013; 6: 487-491, Published online 2013 June 25.

Decision rationale: Peer reviewed literature recommends this type of imaging to assess the efficacy of neuromuscular stimulation. This type of treatment is not supported by guideline recommendations. Therefore, the need for this type of imaging would also not be supported. Additionally, the clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to conservative treatments of the back and no trigger points were identified on examination. The request for trigger point impedance imaging once a week for six to twelve weeks is not medically necessary and appropriate.

Localized intense neurostimulation therapy (LNT) once a week for six to twelve weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines National Library of Medicine, and the Chronic Pain Disorder Medical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Neuromodulation Therapy (PNT). Page(s): 98.

Decision rationale: The California Medical Treatment Utilization Schedule does not recommend the use of neuromodulation therapy as there is little scientific evidence to support the efficacy of this type of treatment. Additionally, this treatment is considered investigational. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations, this type of treatment would not be indicated. The request for localized intense neurostimulation therapy (LNT) once a week for six to twelve weeks is not medically necessary and appropriate.