

<b>Case Number:</b>	CM13-0046482		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/15/2012
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 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 42-year-old female who reported injury on 05/22/2012. The mechanism of injury was the patient was trying to adjust a screen that was stuck and when she pulled on it, she felt pain in her left lower back. The most recent examination was handwritten and of poor fax quality. There patient's diagnosis was noted to be displacement of cervical intervertebral disc without myelopathy. The treatment plan per the DWC RFA for trigger point impedance imaging and localized intense neurostimulation therapy. The physician documentation indicated the treatment request was for an IF unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for Trigger Point Impedance imaging:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121-122.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines 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 (non-steroidal anti-inflammatory drugs) 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 provide a thorough objective legible physical examination. As such, the request for trigger point impedance imaging is not medically necessary.

**request for Localized Intense Neurostimulation Therapy 1 time 6 per body part:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114, 121, 118.

**Decision rationale:** Chronic Pain Medical Treatment 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. NMES also known as LINT (Localized Intensive Neurostimulation Therapy). Chronic Pain Medical Treatment Guidelines indicates that it does not recommend interferential current stimulation as an insolated intervention and should be used with recommended treatments including work and exercise and that transcutaneous electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. There was a lack of clarification as well as documented necessity for an interferential unit, an NMES unit, or an EMS unit. There is lack of documentation of an objective physical examination that was legible. Given the above, the request for localized intense neurostimulation therapy 1 x 6 per body part is not medically necessary.