

Case Number:	CM13-0048917		
Date Assigned:	12/27/2013	Date of Injury:	02/24/2013
Decision Date:	02/28/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/06/2013

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 48-year-old male who reported an injury on 02/24/2013. The patient is diagnosed with lumbar spine intervertebral disc syndrome and lumbar spine radiculitis. The patient as seen by [REDACTED] on 09/05/2013. The patient reported 4/10 lower back pain. Physical examination revealed tenderness to palpation with positive straight leg raising. Treatment recommendations included ESWT, LINT, pain management, chiropractic treatment, and acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point impedance imaging: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Hyperstimulation analgesia.

Decision rationale: Official Disability Guidelines state hyperstimulation analgesia is not recommended until there are higher quality studies. The therapeutic neurostimulation pulse modulation of dense electrical pulses is applied locally to specific active trigger points which are

locations of nerve endings associated with pain, providing effective pain relief by stimulating the release of endorphins. However, such treatments are time consuming and cumbersome, and require previous knowledge of the localization of peripheral nerve endings responsible for low back pain or manual impedance mapping of the back, and these limitations prevent their extensive utilization. As per the documentation submitted, the patient's most recent physical examination only revealed tenderness to palpation with positive straight leg raising. The patient has previously undergone electrodiagnostic and imaging studies. There is no evidence that trigger point impedance imaging would significantly alter the treatment plan. There is also no evidence to support the request. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified.

Localized intense Neurostimulation therapy 1 time a week for 6 weeks per body part:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines state neuromuscular electrical stimulation is not recommended. Neuromuscular electrical stimulation is used primarily as part of a rehabilitation program following stroke, and there is no evidence to support its use in chronic pain. As per the clinical documentation submitted, there is no evidence to support the use of this device for this patient's condition. There was no documentation of a treatment plan with specific short and long-term goals of treatment with neuromuscular electrical stimulation. Again, the patient's physical examination only revealed tenderness to palpation with positive straight leg raising. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.