

<b>Case Number:</b>	CM13-0057332		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/06/2011
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Anesthesiology, Pain Management, and is licensed to practice in Florida. 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 62-year-old female who reported injury on 11/06/2011. Mechanism of injury was noted to be cumulative trauma. The patient's diagnoses were noted to include cervicalgia, brachial neuritis/radiculitis and sprain and strain of the neck. The objective examination revealed the patient had ranges of motion that were decreased and painful. There was +3 tenderness to palpation of the cervical paravertebral muscles with muscle spasm of the cervical paravertebral muscles. The cervical compression test was positive. The patient had +3 tenderness to palpation of the lumbar paravertebral muscles with muscle spasm. A Kemp's maneuver and straight leg raise caused pain bilaterally. The request was made for trigger point impedance imaging and local intense neurostimulation therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Localized Intense Neurostimulation Therapy:** 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 Neuromuscular Electrical Stimulation (NMES) and TENS Page(s): 121,115-116.

**Decision rationale:** 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. Clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations regarding any NS stimulation. There was a lack of documentation indicating the patient would be using the TENS portion of the unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Additionally, there was a lack of documentation indicating that other pain modalities had been trialed and failed. There was a lack of documentation per the submitted request as to whether the unit was for rental or purchase and the duration for the use of the unit. Given the above and the lack of documentation of exceptional factors, the request for a localized intense neurostimulation therapy is not medically necessary.

**Trigger Point Impedance Imaging:** 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 Treatment Guidelines Trigger Point Injections Page(s): 121-122.

**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). Clinical documentation submitted for review failed to indicate that the patient had documented circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. There was a lack of documentation indicating the patient had trialed medical management and failed and muscle relaxants failed to control pain as well as myotomal and dermatomal findings to support the patient did not have radiculopathy. The request as submitted, failed to indicate the location and quantity of injections for the therapy. Given the above, the request for trigger point impedance imaging is not medically necessary.