

Case Number:	CM13-0057652		
Date Assigned:	12/30/2013	Date of Injury:	06/01/2013
Decision Date:	03/24/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 36-year-old male with a date of injury of 06/01/2013. According to report dated 06/06/2013 by [REDACTED], the patient presents with shoulders, back, and left knee pain. It was noted that patient also complains of anxiety, depression, insomnia, and nervousness. Examination of the lumbar spine shows there is tenderness and spasm bilaterally over the paraspinals. There is also tenderness bilaterally over the iliolumbar ligament, piriformis muscle, quadratus lumborum, gluteal, and sacroiliac joint. Extension rotation test was noted as positive. Range of motion was decreased in all range. Straight leg raise is positive at 40 degrees bilaterally. Examination of the shoulders/upper arm revealed swelling in the scapula. There is tenderness and spasm over the upper left trapezius and also tenderness over the left pectoralis, latissimus dorsi, rotator cuff, bicipital groove, and glenohumeral joint. Examination of the knee revealed there was swelling and tenderness over the left medial knee/lateral knee. Suprapatella and popliteal range of motion was noted as flexion 120 degrees with pain, extension 0 degrees. Varus and valgus were noted as positive. Treater requests x-rays of the lumbar spine, physical therapy, psych eval, and medication. On report dated 10/14/2013, treater requests trigger point impedance imaging and a Localized intense neurostimulation therapy (LINT).

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point impedance imaging (TPII): 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 Trigger Point Injections Page(s): 122.

Decision rationale: The patient presents with continued shoulder, low back, and left knee pain. Treater requests trigger point impedance imaging (TPII). On report dated 10/14/2013 treater requests trigger point impedance imaging to be performed by an automated computer controlled unit via a complete impedance scanning of predestinated back region which is combined with smart computer generated algorithms. Treater goes on to state that this allows precision identification and localization of active and clinically relevant trigger points and the smallest hyper irritable nerve ending. The extremely small size of these nerve endings prevents their identification by physical exams or by any other imaging modality. The MTUS, ACOEM, and ODG Guidelines do not discuss TPII. Therefore, the Labor Code 4610.5 (2) is used medically necessary medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury and based on the following standards which shall be applied in the order listed allowing reliance on a lower rank standard only if every high rank standard is inapplicable to the employee's medical condition. In this case, the highest ranked standard is (d) expert opinion and it is unclear as to why the treater is requesting extensive nonstandard testing. While there is some discussion regarding this impedance imaging to identify trigger points, MTUS provides clear guidance under examination to identify trigger points. There is no reason to use an unproven diagnostic machine when a simple examination should suffice. Recommendation is for denial

Localized intense Neurostimulation Therapy (LINT): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation Page(s): 121.

Decision rationale: The patient presents with shoulder, low back, and left knee pain. The treater is requesting a localized intense neurostimulation therapy for 6 to 8 weeks. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss LINT. However, the MTUS Guidelines page 121 does discuss neuromuscular electrical stimulation (NMES) devices. NMES is not recommended and is used primarily as a 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. In this case, review of medical records does not indicate that this patient has suffered a stroke. The requested LINT is not medically necessary, and recommendation is for denial.