

Case Number:	CM13-0058116		
Date Assigned:	12/30/2013	Date of Injury:	04/05/2010
Decision Date:	03/31/2014	UR Denial Date:	11/07/2013
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 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:

This female sustained an injury on 4/5/10 while employed by the [REDACTED]. Request under consideration include trigger point impedance imaging and localized intense neuro-stimulation therapy 1 time a week for 6-12 weeks for the lumbar spine. The patient is under the care of chiropractor, the provider with the above request. MRI of the lumbar spine on 5/19/13 showed multi-level disc bulges and L3-4 and L5-S1 without significant canal or neural foraminal stenosis. Report of 10/22/13 from provider noted patient with complaints of lumbar spine pain 3/10, aggravated by certain activities of sitting, standing, walking, bending, and squatting. Exam showed lumbar trigger points, decreased and painful lumbar ranges of motion, tenderness to palpation with muscle spasm, positive Kemp's and left positive SLR. Diagnoses include lumbar intervertebral disc without myelopathy; thoracic / lumbosacral neuritis or radiculitis, unspecified; spinal stenosis, lumbar region without neurogenic claudication. Requests above was non-certified on 11/7/13 citing lack of evidence-based guidelines supporting for trigger point impedance impedance imaging and localized intense neuro-stim therapy as medically necessary.

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 6-12 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neuromuscular electrical stimulators (NMES)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine

Decision rationale: This female sustained an injury on 4/5/10 while employed by the [REDACTED]. Request under consideration include trigger point impedance imaging once a week for 6-12 weeks for the lumbar spine. The patient is under the care of chiropractor, the provider with the above request. MRI of the lumbar spine on 5/19/13 showed multi-level disc bulges and L3-4 and L5-S1 without significant canal or neural foraminal stenosis. Report of 10/22/13 from provider noted patient with complaints of lumbar spine pain 3/10, aggravated by certain activities of sitting, standing, walking, bending, and squatting. Exam showed lumbar trigger points, decreased and painful lumbar ranges of motion, tenderness to palpation with muscle spasm, positive Kemp's and left positive SLR. Diagnoses include lumbar intervertebral disc without myelopathy; thoracic / lumbosacral neuritis or radiculitis, unspecified; spinal stenosis, lumbar region without neurogenic claudication. Review of ACOEM, MTUS, ODG, NGC, National Library of Medicine, etc.. Guidelines are silent on trigger point impedance imaging and imaging 1 time a week for 6-12 weeks for the lumbar spine. The provider has not provided any evidence-based studies to support these treatment requests. The patient had recent lumbar spine MRI and has received multiple treatment modalities for this chronic 2010 injury with persistent unchanged chronic pain. The goal of TPI's is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified possible radicular signs which are medically contraindicated for TPI's criteria. Medical necessity for Trigger point injections has not been established as it does not meet guidelines criteria. Additionally, there were no evidenced-based studies provided to validate for the impedance imaging as is stated in outside source as promising yet requiring future investigation and randomized controlled studies. The trigger point impedance imaging once a week for 6-12 weeks is not medically necessary and appropriate.

Localized intense neurostimulation therapy (LINT) once a week for 6-12 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neuromuscular electrical stimulators (NMES)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS, ODG, Medical treatment guidelines, National Clearinghouse did not provide any evidenced-based recommendations and/or scientific literature addressing the issue at dispute

Decision rationale: This female sustained an injury on 4/5/10 while employed by the [REDACTED]. Request under consideration include trigger point impedance imaging and localized intense neuro-stimulation therapy 1 time a week for 6-12 weeks for the lumbar spine. The patient is

under the care of chiropractor, the provider with the above request. MRI of the lumbar spine on 5/19/13 showed multi-level disc bulges and L3-4 and L5-S1 without significant canal or neural foraminal stenosis. Report of 10/22/13 from provider noted patient with complaints of lumbar spine pain 3/10, aggravated by certain activities of sitting, standing, walking, bending, and squatting. Exam showed lumbar trigger points, decreased and painful lumbar ranges of motion, tenderness to palpation with muscle spasm, positive Kemp's and left positive SLR. Diagnoses include lumbar intervertebral disc without myelopathy; thoracic / lumbosacral neuritis or radiculitis, unspecified; spinal stenosis, lumbar region without neurogenic claudication. Review of ACOEM, MTUS, ODG, National Clearing House, National Library of Medicine, etc.. Guidelines are silent on localized intense neuro-stimulation therapy (LINT) and treatment appears to be experimental. Submitted reports have not provided any description of this procedure, its intended use or necessity to treat this patient diagnoses, relieving symptoms and providing functional improvement. The provider has not provided any evidence-based studies to support this treatment requests. The localized intense neurostimulation therapy (LINT) once a week for 6-12 weeks is not medically necessary and appropriate.