

<b>Case Number:</b>	CM14-0003474		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	09/01/2010
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 expert 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 is a 42-year-old male who sustained injury to 09/01/2010 to his lower back and right shoulder. Mechanism of injury is unknown. Treatment history includes physical therapy, chiropractic treatment, acupuncture, and medications. Diagnostic studies include the following: MRI of the right shoulder dated 08/19/2013 showed mild tendinosis of the rotator cuff with a partial tear beneath the acromion. Minimal impingement. MRI of the lumbar spine dated 08/19/2013 showed L4-5 disc level shows 4.5 mm disc bulge indenting the anterior portion of the LS sac causing mild decrease in the LS canal. MRI of the cervical spine dated 08/19/2013 showed C6-7 disc level showed mild 2 mm disc bulge indenting the anterior portion of the cervical subacromial space. MRI of the thoracic spine dated 08/19/2013 was unremarkable. Electromyography (EMG)/Nerve Conduction Study (NCS) of B/L UEs and LEs dated 08/22/2013 was normal. A progress report dated 11/04/2013 indicates patient presented with right shoulder pain, neck pain, and low back pain. Objectively, right shoulder/neck marked tenderness. Lower back continued tenderness and continued pain on ROM. Negative bilateral SLR testing. Diagnoses were cervical sprain/strain, right shoulder partial rotator cuff tear, and Low back 4.5 mm disc protrusion at L4-5. A progress report dated 12/02/2013 indicates patient presented with low back and right shoulder pain. Objectively, lumbar continued tenderness and pain on ROM. Right shoulder, no changes, continued pain on ROM and continued tenderness. Diagnoses were lower back herniation and right shoulder rotator cuff tear. A progress report dated 12/10/2013 indicates patient presented with moderate pain that comes and goes. The neck feels tense, tight, and restless when trying to flex. Objectively, cervical spine ROM restricted with flexion 50, lumbar spine flexion 40, and paravertebral tenderness. Diagnoses were lumbar sprain/strain, depression, and anxiety.

## 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 Transcutaneous Electrotherapy Page(s): 114-115.

**Decision rationale:** According to the CA MTUS/ACOEM, "Under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral." The CA MTUS, Official Disability Guidelines, and National Guidelines Clearinghouse do not provide any evidence-based recommendations and no scientific literature addresses this request. LINT is not discussed in the MTUS or medical treatment guidelines. There is scientific evidence establishing the efficacy of this intervention as a form of treatment for any condition. This request is considered experimental, and there is no documentation that provides description of what this procedure is, or how it is intended to cure or relieve the patient's back or right shoulder complaint. Consequently, the request is not deemed appropriate or 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 Trigger Point Injections Page(s): 122.

**Decision rationale:** According to CA MTUS, trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the listed criteria are met. However, in regard to Trigger point impedance imaging (TPII), the CA MTUS, Official Disability Guidelines, and National Guidelines Clearinghouse do not provide any evidence-based recommendations and no scientific literature address this request. There are no evidence based guidelines to support this testing, which in absence of evidence-based literature, is considered experimental. In addition, the medical records do not include a rationale for this request, nor include how it is intended to cure or relieve the patient's complaint.