

<b>Case Number:</b>	CM14-0108466		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/20/2014
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/12/2014

### 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 & 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 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:

The injured worker is a 46-year-old female who reported an injury on 02/20/2014, due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her right shoulder, left shoulder, right foot, cervical spine, lumbar spine, and thoracic spine. The injured worker's treatment history included activity modifications, medications, chiropractic care, physical therapy, and extracorporeal shockwave therapy. The injured worker was evaluated on 06/03/2014. Objective clinical findings included restricted range of motion of the cervical spine with a positive cervical compression test, restricted range of motion of the lumbar spine secondary to pain with tenderness to palpation of the lumbar paravertebral musculature, and muscle spasming noted with a positive Kemp's test bilaterally, and a positive straight leg raising test bilaterally. The injured worker's diagnoses included cervical disc protrusion, cervical radiculopathy, cervical sprain/strain, possible thoracic disc protrusion, thoracic pain, thoracic sprain/strain, lumbar disc protrusion, lumbar myospasm, lumbar pain, lumbar radiculopathy, lumbar strain/sprain, right shoulder impingement syndrome, right shoulder sprain/strain, right shoulder tenosynovitis, left shoulder impingement syndrome, left shoulder sprain/strain, and foot sprain/strain. A request was made for localized intensive neurostimulation therapy and trigger point impedance imaging 1 time a week for 6 to 12 weeks for the lumbar spine, to decrease pain and assist with increasing range of motion and inability to complete activities of daily living. No Request for Authorization form was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Localized Intense Neurostimulation Therapy (LINT) Trigger Point Impedance Imaging (TPI) 1 x 6-12 Weeks for the Lumbar Spine 95999, 99199: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINE- LOW BACK CHAPTER OFFICIAL DISABILITY GUIDELINE LOW BACK CHAPTER HYPERSTIMULATION ANALGESICS.

**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:** The requested decision for localized intense neurostimulation therapy and trigger point impedance imaging is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this type of therapy. Official Disability Guidelines do not support the use of hyperstimulation analgesia, as it is still considered investigational. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested Localized Intense Neurostimulation Therapy (LINT) Trigger Point Impedance Imaging (TPI) One Time A Week For 6-12 Weeks For The Lumbar Spine is not medically necessary.