

<b>Case Number:</b>	CM14-0108683		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/05/2013
<b>Decision Date:</b>	09/19/2014	<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 Anesthesiology, has a subspecialty in Pain Management 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 58 year old male whose date of injury is 12/05/13 when he was trying to remove a pallet jack, tripped and fell, injuring his low back and left arm. Initial treatment included modified duty, wrist support, back support belt, X-rays, medications, and Toradol injection. The injured worker subsequently was prescribed chiropractic, physical therapy, localized intense neurostimulation therapy (LINT), home TENS, and referral for podiatry consult. The injured worker complains of low back pain as well as left elbow and wrist pain. Objective findings noted the injured worker to be 5'5" tall and 190 pounds, trigger points present at the lumbar spine, lumbar range of motion was decreased, 3+ tenderness to palpation of the lumbar paravertebral muscles with spasms noted, Kemp's was positive bilaterally, sitting straight leg raise was positive, and decreased and painful range of motion of the left wrist and left elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Impedance (TPI):** Upheld

**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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Neuromuscular electrical stimulation (NMES).

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) provides that neuromuscular electrical stimulation (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. The records indicate that the injured worker has had no significant improvement in response to treatment to date. The proposed trigger point impedance imaging is used in conjunction with LINT, and is not supported as medically necessary.