

Case Number:	CM14-0010189		
Date Assigned:	02/21/2014	Date of Injury:	11/19/2012
Decision Date:	07/10/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/24/2014

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 Minnesota. 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 25-year-old male who reported an injury on 11/19/2012, after an assault. The injured worker reportedly sustained an injury to multiple body parts. The injured worker's treatment his included multiple medications, physical therapy, epidural steroid injections, chiropractic care, and acupuncture. The injured worker was evaluated on 11/11/2013. It was documented that the injured worker had previously had 4 injections. The injured worker's most recent evaluation dated 12/09/2013 documented that the injured worker failed conservative treatments to include physical therapy and chiropractic care, attributed to symptom relief. Physical findings included decreased range of motion of the lumbosacral spine described as 30 degrees in flexion and 50 degrees in extension; tenderness to palpation over the L4, L5, and S1 musculature. The injured worker's diagnoses included lumbar disc herniation, lumbar sprain/strain, and right shoulder arthropathy. The injured worker's treatment plan included massage therapy, physical therapy, chiropractic care, a urine drug screen to monitor for medication compliance, shockwave therapy, and topical creams. A request was made on 12/11/2013 for trigger point impedance imaging and localized intense neurostimulation therapy. However, no justification for the request was provided.

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) QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: California Medical Treatment Utilization Schedule does not address this type of imaging. Official Disability Guidelines describes this type of imaging to support the use of hyperstimulation analgesia. However, as there is a lack of high-quality scientific studies to support hyperstimulation analgesia, the use of this imaging study would not be supported. As such, the Requested Trigger Point Impedance Imaging, quantity 1, is not medically necessary or appropriate.

LOCALIZED INTENSE NEUROSTIMULATION THERAPY (LINT) 1 TIME PER WEEK FOR 6-12 WEEKS QTY: 12.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: California Medical Treatment Utilization Schedule does not address this type of request. Official Disability Guidelines do not recommend hyperstimulation analgesia, as there is a lack of high-quality scientific studies to support the long-term efficacy of this treatment modality. 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) 1 time per week for 6 to 12 weeks, quantity 12, is not medically necessary or appropriate.