

Case Number:	CM14-0014531		
Date Assigned:	04/16/2014	Date of Injury:	04/09/2012
Decision Date:	05/28/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/05/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 54-year-old female who reported injury on 04/09/2012. The mechanism of injury was a slip and fall. The injured worker's prior treatments included cervical epidurals, acupuncture, physical therapy, traction, a TENS unit, hot and cold packs, and oral and topical medications. The documentation of 10/14/2013 revealed the injured worker had complained of constant, moderate, dull, achy, sharp, neck pain and low back pain, as well as bilateral knee pain. The objective findings included the injured worker had +3 tenderness to palpation of the cervical paravertebral muscles with muscle spasm of the cervical paravertebral muscles. The cervical compression test caused pain. The lumbar spine examination revealed trigger points present at the lumbar spine paraspinals bilaterally. The range of motion was decreased and painful. There was +2 tenderness to palpation of the lumbar paravertebral muscles, with muscle spasm of the lumbar paravertebral muscles. The Kemp's test was positive. The injured worker's diagnoses included neuralgia, neuritis, and radiculitis; lumbar radiculopathy, lumbar facet hypertrophy, lumbar disc protrusion, lumbar sprain/strain, and lumbar stenosis. The treatment plan included LINT sessions for lumbar spine to increase range of motion, activities of daily living, and decrease pain, home exercise and a referral to a physician for medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

LOCALIZED INTENSE NEUROSTIMULATION THERAPY, #6 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, Lumbar & Thoracic Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Nmes Section, page 121, and the TENS section, pages 115-116.

Decision rationale: NMES is also known as LINT Localized Intensive Neurostimulation Therapy and it include TENS and EMS. The California MTUS guidelines indicate that a neuromuscular electrical stimulation (NMES devices) is not recommended. 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. A one month trial of a TENS unit is recommended if it is used as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the body part to be treated with the Localized Intensive Neurostimulation Therapy. Given the above, the request for Localized Intensive Neurostimulation Therapy #6 sessions is not medically necessary.

TRIGGER POINT IMPEDANCE IMAGING TESTING, #6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, Lumbar & Thoracic Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injection Section Page(s): 121-122.

Decision rationale: The California MTUS Guidelines recommend trigger point injections for myofascial pain syndrome, and they are not recommended for radicular pain. The criteria for the use of trigger point injections include documentation of circumscribed trigger points, with evidence upon palpation of a twitch response, as well as referred pain. Symptoms should have persisted for more than 3 months. There should be documentation the symptoms have persisted for more than 3 months, medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain, and radiculopathy is not present by examination, imaging, or neurotesting. The objective physical examination revealed the injured worker had trigger points at the lumbar spine paraspinals bilaterally. There was a lack of documentation indicating the injured worker had evidence upon palpation of a twitch response and referred pain. There was a lack of documentation indicating the injured worker's symptoms had persisted for more than 3 months; that medical management therapies such as ongoing stretching, physical therapy, NSAIDs, and muscle relaxants had failed to control pain. The Kemp's test produced pain. The request as submitted failed to indicate the body part

to be treated. Given the above, the request for trigger point impedance imaging testing #6 is not medically necessary.