

Case Number:	CM14-0016575		
Date Assigned:	08/22/2014	Date of Injury:	02/11/2010
Decision Date:	09/22/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/10/2014

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, has a subspecialty in Interventional Spine 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 patient is a 30-year-old female with date of injury of 02/11/2010. The listed diagnoses per Dr. [REDACTED] are cervical intervertebral disc (IVD) syndrome, thoracic IVD syndrome and lumbar (IVD) syndrome. According to progress report, 01/08/2014, patient presents with cervical and thoracic spine pain. Examination revealed tender points with myospasm at the cervical and lumbar spine. Range of motion is noted as full. The provider's progress reports are handwritten and partially illegible. The request is for trigger point impedance imaging and localized intense neurostimulation therapy for the lumbar vertebrae once per week for 6 weeks. Utilization review denied the request on 01/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point impedance imaging (location not specified): 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 Other Medical Treatment Guideline or Medical Evidence: Labor Code 4610.5 (2) is used, "medically necessary" and "medical necessity" medical treatment that is reasonably required to cure or relieve the injured employee of the

effects of his or her injury and based on the following standards which shall be applied in the order listed allowing reliance on a lower rank standard only if every high rank standard is inapplicable to the employee's medical condition.

Decision rationale: This patient presents with continued neck and low back pain. The provider is requesting a trigger point impedance imaging. The MTUS, ACOEM, and ODG Guidelines do not discuss Trigger point Impedance (TPII). Therefore, the Labor Code 4610.5 (2) is used, "medically necessary" and "medical necessity" medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury and based on the following standards which shall be applied in the order listed allowing reliance on a lower rank standard only if every high rank standard is inapplicable to the employee's medical condition. In this case, the highest ranked standard is (d) expert opinion and it is unclear as to why the provider is requesting extensive nonstandard testing. While there is some discussion regarding this impedance imaging to identify trigger points, MTUS provides clear guidance under examination to identify trigger points. There is no reason to use an unproven diagnostic machine when a standard examination should suffice. Therefore Trigger point impedance imaging (location not specified) is not medically necessary and appropriate.

Localized intense neuro-stimulation therapy for the lumbar vertebrae once per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices). Decision based on Non-MTUS Citation Official Disability Guidelines, LINT (localized intense neuro-stimulation therapy).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: This patient presents with continued neck and low back pain. The provider is requesting a localized intense neurostimulation therapy for the lumbar vertebrae once a week for 6 weeks. The MTUS, ACOEM, and ODG Guidelines do not have discussions on LINT (localized intense neurostim therapy); however, for neuromuscular electrical stimulation, the MTUS Guidelines page 121 has the following, "not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use for chronic pain. There is no intervention trial suggesting benefit from NMES for chronic pain." In this case, there is no indication that this patient has suffered a stroke. Furthermore, MTUS does not support the use of neuromuscular electrical stimulation for chronic pain. The requested LINT therapy is not medically necessary and appropriate.