MAXIMUS Federal Services

Case Number:	CM14-0149576		
Date Assigned:	09/18/2014	Date of Injury:	06/07/2013
Decision Date:	11/17/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/15/2014

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 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 57 year old female with a date of injury on 6/7/2013. As per the report 06/18/14, she complained of bilateral hip/thigh and left knee pain rated 0-10, right hip/thigh pain rated as 4/10, bilateral knees, right shoulder, low back, and neck pain, and sleeping problems. On exam, there was tenderness (grade 2) to palpation in the bilateral hips and the bilateral thighs, and grade 2-3 tenderness to palpation in the left knee. The McMurray's test was positive and the magnetic resonance arthrogram of the left knee was negative on 01/28/14. Current medications include topical medications, narcotics and Non-Steroidal Anti-Inflammatory Drugs. Prior treatment has included the use of a knee brace, massage, oral and topical pain medications. She had completed 13 sessions of physical therapy that helped decrease pain and activities of daily living by 10%. The left knee hydrocortisone injection on 09/18/13 improved pain for about 3 weeks. The left knee Synvisc-One injection on 11/20/13 provided slight improvement. She had 4 sessions of extracorporeal shockwave therapy on 04/15/14, 04/22/14, 04/29/14, and 05/06/14 which helped to reduce pain. The diagnoses include bilateral hip strain/sprain compensatory to the left knee limp, left knee strain/sprain, rule out left knee meniscal tear, left knee medial plica syndrome, tendinosis, and sleep disturbance secondary to pain. There was no documentation of surgeries.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Impedance Imaging #6 for left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back, Hyperstimulation Analgesia

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: According to the California Medical Treatment Utilization Schedule, trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met:(1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, nonsteroidal anti-inflammatory drugs and muscle relaxants have failed to control pain. In this case, there are no detailed examination findings establishing active trigger points. The medical records do not document circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. As such, the request for Trigger Point Impedance Imaging #6 for left Knee is not medically necessary and appropriate in accordance to guidelines.

Localized Intense Neurostimulation Therapy #6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/17718686

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: A Novel Image-guided Automatic High-Intensity Neurostimulation Device for the Treatment of Nonspecific LBP. Pain Research and Treatment, vol. 2011, article ID 152307, Gorenberg M, Schiff E, Schwartz K, Eizenberg E.

Decision rationale: The California Medical Treatment Utilization Schedule, Official Disability Guidelines, and National Guidelines Clearinghouse do not provide any evidence-based recommendations and no scientific literature addresses this request. There is no scientific evidence establishing the efficacy of this intervention as a form of treatment for any condition. There is no documentation that provides a description of what this procedure is or how it is intended to cure or relieve the injured worker's complaints. Consequently, the request of Localized Intense Neurostimulation Therapy #6 is not medically necessary and appropriate.