

Case Number:	CM14-0178522		
Date Assigned:	10/31/2014	Date of Injury:	11/20/2013
Decision Date:	12/11/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/28/2014

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, 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:

According to the records made available for review, this is a 63-year-old male with an 11/20/13 date of injury. At the time (8/8/14) of the request for authorization for trigger point impedance imaging (TPII), once weekly for six weeks and localized intense neurostimulation therapy (LINT), there is documentation of subjective (burning, radicular low back pain and muscle spasms) and objective (palpable tenderness with spasms is noted at the lumbar paraspinal muscles and over the lumbosacral junction, there is also sciatic notch tenderness, decreased range of motion, slightly decreased sensation to pinprick and light touch at the L4, L5 and S1 dermatomes bilaterally, motor strength is 4/5 in all the represented muscle groups in the bilateral lower extremities) findings, current diagnoses (low back pain, lumbar spine sprain/strain rule out herniated nucleus pulposus, and rule out radiculitis lower extremity), and treatment to date (medication).

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), once weekly for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back, Trigger point impedance imaging, Hyperstimulation analgesia

Decision rationale: MTUS does not address this issue. ODG states that trigger point impedance imaging and hyperstimulation analgesia is not recommended. Therefore, based on guidelines and a review of the evidence, the request for trigger point impedance imaging (TPII), once weekly for six weeks is not medically necessary.

Localized intense neurostimulation therapy (LINT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation Page(s): 121.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines states that neuromuscular electrical stimulation (NMES) is not recommended. In addition, MTUS Chronic Pain Medical Treatment Guidelines states that NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Therefore, based on guidelines and a review of the evidence, the request for localized intense neurostimulation therapy (LINT) is not medically necessary.