

Case Number:	CM14-0020669		
Date Assigned:	04/30/2014	Date of Injury:	06/20/2011
Decision Date:	07/08/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/19/2014

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 Internal Medicine, has a subspecialty in Emergency 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:

This patient is a 34-year-old with a date of injury of 06/20/11. A progress report associated with the request for services, dated 01/28/14, identified subjective complaints of low back pain. Objective findings included trigger points along the paraspinal muscles and decreased and painful range-of-motion of the lumbar spine. Diagnoses included lumbar disc disease with radiculopathy. Treatment has included oral and topical analgesics. A Utilization Review determination was rendered on 02/03/14 recommending non-certification of "trigger point impedance for 6 sessions and localized intense neurostimulation therapy for 12 sessions".

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT IMPEDANCE X 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

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

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that a trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger point impedance helps

identify trigger points. The MTUS and Official Disability Guidelines do not address impedance trigger point mapping directly. In this case, the patient's trigger points had been identified. Therefore, the record does not document the medical necessity for trigger point impedance.

LOCALIZED INTENSE NEUROSTIMULATION THERAPY X12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

Decision rationale: Localized intense neurostimulation (LINT) is a technique in which a device automatically measures skin impedance and then stimulates multiple points with high-intensity electrical stimulation based on the differentiation in their electrical properties. This is a type of transcutaneous electrotherapy similar to TENS. Small studies exist showing benefit, but no large randomized trials. The California Medical Treatment Utilization Schedule (MTUS) does not address LINT directly, but states that TENS is not recommended for the back. For other conditions, a one-month trial of transcutaneous therapy is considered appropriate if used as an adjunct to an evidence-based program of functional restoration. The recommended types of pain include neuropathic pain, complex regional pain syndrome (CRPS) I and II, phantom limb pain, spasticity, and multiple sclerosis. For chronic intractable pain from these conditions, the following criteria must be met: documentation of pain for at least three months duration, and evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented with documentation of how often it was used, as well as the outcomes in terms of pain relief and function. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. In this case, the multiple criteria noted above (documentation of duration of pain, trial plan, and goal plan) have not been met. Additionally, the technique is not yet proven. Therefore, there is no documented medical necessity for localized intense neurostimulation.