

<b>Case Number:</b>	CM14-0022659		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/12/2011
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 46 year old male with a work injury dated 8/12/11. The diagnoses include lumbar musculoligamentous injury, lumbar myospasm, lumbar pain, left shoulder impingement syndrome, left shoulder internal derangement, left shoulder sprain / strain status post surgery, left shoulder, and left knee pain with left knee sprain / strain. Under consideration is a request for trigger point impedance (TPII) and localized intense neurostimulation therapy (LINT) 1 x 6-12 for the lumbar spine. Per documentation there is a QME dated 07/30/13 indicates that states that the patient fell while driving a golf cart when the cart spun rapidly after losing an axle. He suffered injuries to his left elbow, left knee, and left shoulder. He has had x-rays. MRI scans, left elbow surgery on 11/11/11, bracing, physical therapy, acupuncture, EMG/NCV, TENS and medication management. The QMEs stated that the patient will require future medical care and was recommended to be provided with future orthopedic evaluations, short courses of physical therapy and acupuncture treatment. Possible corticosteroid injection to the shoulder and left knee. There is a 1/28/14 primary treating physician (PR-2) document where the patient complains of frequent moderate dull, achy low back pain. There is left shoulder, left elbow, and left knee pain. On exam there are trigger points of paraspinals present at the lumbar spine. The ranges of motion are decreased and painful. There is +3 tenderness to palpation of the lumbar paravertebral muscles. There is muscle spasm of the lumbar paravertebral muscles. Kemp's is positive bilaterally. The left shoulder had decreased range of motion and was tender to palpation. The left elbow exam revealed that the ranges of motion are decreased and painful. There is +3 tenderness to palpation of the anterior elbow, lateral elbow, medial elbow and posterior elbow. The Cozen's test causes pain. Mill's test causes pain. The left knee range of motion is painful. There is +3

tenderness to palpation of the anterior knee, lateral knee and medial knee, McMurray's causes pain. There is a request for LINT therapy and physical therapy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TRIGGER POINT IMPEDANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections p.122 Page(s): 122.

**Decision rationale:** Trigger point impedance is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation does not indicate that the patient documentation of trigger points with palpation of a twitch response as well as referred pain. Without evidence of this response the request for trigger point impedance is not medically necessary.

**LOCALIZED INTENSE NEUROSTIMULATION THERAPY 1 X 6-12 FOR THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back, Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic): Hyperstimulation analgesia; Localized high-intensity neurostimulation.

**Decision rationale:** Localized intense neurostimulation therapy 1 x 6-12 for the lumbar spine is not medically necessary per the ODG guidelines. The California MTUS guidelines do not specifically discuss localized intense neurostimulation therapy. The ODG states that hyperstimulation analgesia is not recommended until there are higher quality studies. The documentation is states that this is being requested to increase the patient's range of motion and activities of daily living, and decrease pain. The current guidelines state that this treatment is not recommended as there are no high quality results of the efficacy of this treatment at this time. The request for localized intense neurostimulation therapy 1 x 6-12 for the lumbar spine is not medically necessary.