

Case Number:	CM14-0024432		
Date Assigned:	06/11/2014	Date of Injury:	08/14/2009
Decision Date:	07/15/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/26/2014

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 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 55 year old with an injury date on 8/14/09. Based on the 11/26/13 progress report provided by [REDACTED] the diagnoses are: 1. Displacement of thoracic intervertebral disc without myelopathy. 2. Spinal stenosis of unspecified region: T3-4, T5-6 and L7-S3. Displacement of lumbar intervertebral disc without myelopathy: L1-2 to L5-S1 4. Thoracic or lumbosacral neuritis or radiculitis unspecified. 5. Degeneration of lumbar or lumbosacral intervertebral disc. 6. Spinal stenosis of unspecified region: L1-2 to L5-S1. 7. Lumbar facet joint hypertrophy: L1-2 to L5-S1. 8. Psychosocial dysfunction unspecified. 9. Dysthymic disorder. 10. Insomnia, unspecified. 11. Annular tear at L1-2 and L2-3 level. 12. Facet hypertrophy at T3-4, T5-6 and T7-S. Exam on 1/14/14 showed "at T-spine, tenderness to palpation in paraspinals and facet joints bilaterally at levels T7-L1. Thoracic range of motion moderately limited. For L-spine, Valgus, Heel and Toe walk positive on both sides. Extradural involvement/sciatic tension positive bilaterally. A straight leg raise test along sciatic distribution positive bilaterally. Lumbar range of motion moderately limited, severely at extension (5/25 degrees)." [REDACTED] is requesting trigger point impedance/localized intense neurostimulation therapy. The utilization review determination being challenged is dated 1/31/14. [REDACTED] is the requesting provider, and he provided treatment reports from 7/31/13 to 1/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT IMPEDANCE/LOCALIZED INTENSE NEUROSTIMULATION THERAPY: 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 Page(s): 122.

Decision rationale: This patient presents with low and upper back pain, hip, knee, and shoulder pain. The treater has asked trigger point impedance/localized intense neurostimulation therapy on 1/27/14. Patient has been unresponsive to conservative treatments including home exercise, physical therapy, and NSAIDS for 4-6 weeks prior to 1/14/14 report. Regarding treatment of trigger points, MTUS recommends injections if examination findings show tenderness with taut band and referred pain. MTUS does not discuss impedance/localized neurostimulation therapy. There is yet lack of medical evidence for this type of treatments for myofascial pains. Recommendation is for denial.