

<b>Case Number:</b>	CM14-0026399		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	09/06/2001
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 who was reportedly injured on September 6, 2001. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated January 14, 2014, indicated that there were ongoing complaints of bilateral hand, bilateral wrist, bilateral knee, and low back pains. Current medications were stated to include tramadol, tizanidine and gabapentin. The physical examination demonstrated tenderness to the hands/wrists, although it was not specified where any mildly positive Tinel's sign. There was also tenderness to the paravertebral muscles of the lumbar spine. Lumbar spine range of motion was difficult to measure due to the injured employee's obesity. Knee range of motion was 0 to 100, and there was right knee crepitus with swelling and weakness. Previous treatment included right knee surgery and a left knee total knee arthroplasty. A request had been made for urinalysis, orthopedic reevaluation, trigger point impedance imaging followed by spinal localized intense neurostimulation therapy, a prescription for AppTrim-D and eight acupuncture sessions for the lumbar spine and was not certified in the pre-authorization process on February 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 URINE ANALYSIS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** According to the medical record, the injured employee was stated to have had a prior urine drug screen in November 2013, which was stated to be normal. It is unclear why there is another request for urine drug screen so soon. Without specific justification, this request for a urine drug screen is not medically necessary.

**PROSPECTIVE 3 TRIGGER POINT IMPEDANCE IMAGING FOLLOWED BY SPINAL LOCALIZED INTENSE NEUROSTIMULATION THERAPY TO THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, the use of Localized Intense Neurostimulation Therapy (LINT) is not recommended. This type of treatment is primarily used as part of a rehabilitation program following a stroke, and there is no evidence to support its use for chronic pain. Therefore, this request for free trigger point impedance imaging, followed by spinal cord localized intense neurostimulation therapy, to the lumbar spine is not medically necessary.

**1 PROSPECTIVE PRESCRIPTION OF APP TRIM-D #120:** Upheld

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

**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: <http://umm.edu/health/medical/drug-notes/notes/amino-acid-supplement-by-mouth>.

**Decision rationale:** AppTrim-D is an amino acid supplement marketed as a weight loss medication. There is no support by the California Medical Treatment Utilization Schedule or the Official Disability Guidelines recommending its usage. Without a particular justification, this request for AppTrim-D is not medically necessary.

**PROSPECTIVE 8 ACUPUNCTURE SESSIONS TO THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

**Decision rationale:** According to the medical record, the injured employee has had multiple previous acupuncture treatments without any known objective benefit. After previous treatments, the injured employee still rated the pain at 10/10. Furthermore, initial acupuncture treatment should be limited to between three and six sessions and then the efficacy assessed prior to continuing treatment. For these multiple reasons, this request for eight acupuncture sessions to the lumbar spine is not medically necessary.