

Case Number:	CM14-0027614		
Date Assigned:	06/13/2014	Date of Injury:	07/07/2013
Decision Date:	07/17/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/03/2014

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 47 year old female with date of injury 7/7/13. The treating physician report dated 1/31/14 indicates that the patient presents with pain affecting the cervical spine that is constant and moderate. Lumbar pain is constant and rated an 8/10. The current diagnoses are: Cervical myospasm, Cervical pain, Cervical radiculopathy, Cervical sprain/strain, Rule out cervical disc protrusion, Lumbar muscle spasm, pain, radiculopathy, sprain/strain, rule out disc protrusion, and Elevated blood pressure and hypertension. The utilization review report dated 2/20/14 denied the request for Trigger point impedance imaging (TPII) to lumbar, localized intense neurostimulation therapy (LINT) to lumbar x 12, physical therapy 2x4 lumbar and chiropractic 2x4 lumbar based on lack of medical necessity.

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) TO LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines for trigger point injections, pg 122.

Decision rationale: The patient presents with continued cervical and lumbar pain that is rated an 8/10. The current request is for trigger point impedance imaging of the lumbar spine. MTUS discusses the necessary documentation and exam findings for trigger points under the trigger point injection criteria. MTUS states: "Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain" MTUS requires palpatory findings with twitch response for identification of trigger points. The trigger point impedance imaging is not necessary to identify a trigger point, nor does it appear reasonable when simple palpatory exam findings would suffice. Recommendation is for denial.

LOCALIZED INTENSE NEUROSTIMULATION THERAPY (LINT) TO LUMBAR X12:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC guideline, Low back chapter online, for Hyperstimulation analgesia.

Decision rationale: The patient presents with continued cervical and lumbar pain that is rated an 8/10. The current request is for localized intense neurostimulation therapy (LINT) to lumbar x 12. The treating physician report dated 1/31/14 treatment plan states, "Localized Intense Neurostimulation Therapy (LINT) 6 sessions for L/S to increase ROM and ADLs, and decrease pain." The MTUS Guidelines do not address LINT. The ODG Guidelines lumbar chapter states for Hyperstimulation Analgesia, "Not recommended until there are higher quality studies." The current request for LINT is still considered investigational and is not supported by ODG. Recommendation is for denial.

PHYSICAL THERAPY 2X PER WEEK FOR 4 WEEKS TO LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine pg 98-99.

Decision rationale: The patient presents with continued cervical and lumbar pain that is rated an 8/10. The current request is for physical therapy 2x4 for the lumbar spine. In reviewing the reports provided from 7/15/13 through 1/31/14 there is monthly prescription of physical therapy. There is nothing in the treating physician's reports documenting the patient's response to the physical therapy care. There are two physical therapy notes provided dated 8/9/13 and 8/21/13 that state, "Patient states she's slowly recovering left lower back." The MTUS guidelines indicate that PT is recommended: Physical Medicine Guidelines - Allow for fading of treatment

frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Review of the reports does not discuss the patient's therapy history very well. It appears that the patient has had ongoing weekly physical therapy without any documentation of response to care. There is lack of documentation of any new injury or exacerbation and the lack of documentation of previous response to physical therapy treatments does not support continued ongoing physical therapy at this time. Recommendation is for denial.

CHIROPRACTIC SESSIONS 2X PER WEEK FOR 4 WEEKS TO LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation pg 58-60.

Decision rationale: The patient presents with continued cervical and lumbar pain that is rated an 8/10. The current request is for chiropractic sessions 2x4 lumbar spines. In reviewing the treating physician reports dated 10/16/13, 12/4/13, 12/5/13 and 1/31/14 there is repeated prescriptions for chiropractic care ranging from 1 time per week to 2-3 times per week. There is no documentation found indicating the patient's response to any chiropractic care. The MTUS guidelines recommend chiropractic manipulation and states, "Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The treater in this case has failed to document any evidence of objective functional improvement with previous chiropractic treatments so continued chiropractic care is not supported by MTUS. Recommendation is for denial.