

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0036224 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 04/13/2011 |
| Decision Date: | 07/31/2014 | UR Denial Date: | 02/25/2014 |
| Priority: | Standard | Application Received: | 03/25/2014 |

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 Pain Management 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:

This is a patient with a date of injury of 4/13/11. A utilization review determination dated 2/25/14 recommends non-certification of LINT and TPII. 2/7/14 medical report identifies pain in the low back and bilateral knees. On exam, there are lumbar trigger points, tenderness, muscle spasm, positive sitting SLR bilaterally, decreased knee ROM with tenderness and positive McMurray's bilaterally. LINT was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Localized Intense Neurostimulation Therapy (Trigger Point Impedance Imaging) for the Lumbar Spine # 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117 and 122 of 127.

Decision rationale: Regarding the request for Localized Intense Neurostimulation Therapy (Trigger Point Impedance Imaging) for the Lumbar Spine # 6, California MTUS guidelines do support the use of some types of electrical stimulation therapy for the treatment of certain

medical disorders. However, regarding LINT specifically, a search of the CA MTUS, ACOEM, ODG, National Library of Medicine, National Guideline Clearinghouse, and other online resources failed to reveal support for its use in the management of the cited injuries. Specific to the trigger point impedance imaging component, California MTUS and ODG do not address the issue. A search of National Library of Medicine, National Guideline Clearinghouse, and other online resources failed to reveal support for its use in the evaluation/management of the cited injuries. Trigger points are diagnosed clinically and should not require advanced imaging techniques for diagnosis. Within the documentation available for review, no documentation was provided identifying that this treatment provides improved outcomes as compared to other evaluation/treatment options that are evidence-based and supported. Furthermore, there is no documentation identifying the medical necessity of this request. In the absence of such documentation, the currently requested Localized Intense Neurostimulation Therapy (Trigger Point Impedance Imaging) for the Lumbar Spine # 6 is not medically necessary.