

Case Number:	CM14-0036431		
Date Assigned:	06/25/2014	Date of Injury:	12/09/2012
Decision Date:	07/23/2014	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 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 injured worker is a 41 year old male who reported injury to cervical and lumbar spine on 12/09/2012 secondary to transferring a patient from bed. The injured worker complained of intermittent to frequent neck pain that was moderate dull, and achy, with numbness, tingling and weakness also moderate dull, achy, sharp low back pain that was aggravated by walking, bending and squatting as well as loss of sleep from pain. Examination of the cervical spine revealed decreased sensation of the bilateral upper extremities with patchy distribution, painful decreased range of motion during left and right lateral bending of 40/45, +3 tenderness to palpation and spasms of the cervical paravertebral muscles, positive cervical compression and bilateral shoulder decompression, trigger points of paraspinals at the lumbar spine, decreased range of motion during extension 15/25, flexion 45/60, +3 tenderness to palpation right SI joint and lumbar paravertebral muscles which also had spasms. There were no diagnostics for review. The injured worker had diagnoses of cervical muscle spasm, radiculopathy, and musculoligamentous injury, lumbar disc protrusion, facet hypertrophy, myospasm, pain, radiculopathy, stenosis, and sprain/strain, disturbance of 24 hour sleep-wake cycle, insomnia with sleep apnea, loss of sleep, and sleep disturbance. He had past treatments of physical therapy, chiropractic sessions, and 3 lumbar epidurals. There was no list of medications for review. The treatment plan is for trigger point impedance imaging (TPII) localized intense neurostimulation therapy one time a week for 6 to12 weeks and chiropractic treatments two visits a weeks for four weeks, QTY: 8. The request for authorization form was signed and dated 02/17/2014. There is no rationale for the request for trigger point impedance imaging (TPII) localized intense neurostimulation therapy one time a week for 6 to12 weeks and chiropractic treatments two visits a weeks for four weeks, QTY: 8.

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) Localized intense neurostimulation therapy one time a week for 6 to 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3700778> and Imaging-guided hyperstimulation Analgesia in Low Back Pain Minguel Gorenberg and Kobi Schwartz J Pain Res.2013;6 pages 487-197, published online 2013, June 25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Neuromuscular Electrical Stimulation (NEMS devices) Page(s): 121.

Decision rationale: The injured worker complained of intermittent to frequent neck pain that was moderate dull, and achy, with numbness, tingling and weakness also moderate dull, achy, sharp low back pain that was aggravated by walking, bending and squatting as well as loss of sleep from pain. He had past treatments of physical therapy, chiropractic sessions, and 3 lumbar epidurals. According to CA MTUS chronic pain medical treatment guidelines neuromuscular electrical stimulation (NEMS devices) is not recommended and is used primarily as part of a rehabilitation program following a stroke and there is no evidence to support its use in chronic pain. Documentation does not support this. Therefore, the request for trigger point impedance imaging (TPII) localized intense neurostimulation therapy one time a week for 6 to 12 weeks is not medically necessary.

Chiropractic treatments two visits a week for four weeks, QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy Page(s): 58.

Decision rationale: The injured worker complained of intermittent to frequent neck pain that was moderate dull, and achy, with numbness, tingling and weakness also moderate dull, achy, sharp low back pain that was aggravated by walking, bending and squatting as well as loss of sleep from pain. He had past treatments of physical therapy, chiropractic sessions, and 3 lumbar epidurals. According to CA MTUS chronic pain medical treatment guidelines manual therapy is recommended for chronic pain if caused by musculoskeletal conditions and is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. For recurrences/flare-ups the physician would need to reevaluate treatment success, and if return to work was achieved then 1-2 visits every 4-6 months. The injured worker had

chiropractic sessions since his injury, however there was no documentation submitted to reference the injured workers response to the therapy. Therefore, the request for chiropractic treatments two visits a weeks for four weeks, QTY: 8 is not medically necessary.