

Case Number:	CM14-0043271		
Date Assigned:	07/11/2014	Date of Injury:	01/23/2013
Decision Date:	08/18/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/10/2014

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 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:

The patient is a male of unknown age with date of injury 1/23/13. The treating physician report dated 2/25/14 as outlined in the utilization review report dated 3/24/14 indicates that the patient presents with cervical, thoracic, lumbar, ankle, wrist and foot pain following a slip and fall accident. The current diagnoses are: 1. Cervical disc herniation. 2. Thoracic disc herniation. 3. Lumbar disc herniation. 4. Bilateral wrist TFCC tears. The utilization review report dated 3/24/14 denied the request for trigger point impedance imaging 1x 6-12 and localized intense neurostimulation therapy 1 x 6-12 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 1x a week for 6-12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections. Decision based on Non-MTUS Citation <https://www.dovepress.com/imaging-guided-hyperstimulation-analgesia-in-low-back-pain-peer-reviewd-article-JPR-recommendations>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: The patient presents with continued cervical, thoracic and lumbar pain that is rated a 6-7/10. The current request is for trigger point impedance imaging 1 x 6-12 weeks. 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) 1 x a week for 6-12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy. Decision based on Non-MTUS Citation <http://www.hindawi.com/journals/prt2011/152307/>.

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

Decision rationale: The patient presents with continued cervical, thoracic and lumbar pain that is rated a 6-7/10. The current request is for localized intense neurostimulation therapy (LINT) 1 x a week for 6-12 weeks. The treating physician report dated 2/25/14 was not provided for review and the UR report dated 3/24/14 states that LINT treatment was requested to 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.