Case Number:	CM14-0043761		
Date Assigned:	07/02/2014	**Date of Injury:**	12/24/2010
Decision Date:	08/26/2014	**UR Denial Date:**	03/12/2014
Priority:	Standard	**Application Received:**	04/11/2014

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 50-year-old female with a reported date of injury on 12/24/2010. The injury reportedly occurred when the injured worker fell off of a stool. Previous treatments were noted to include pool therapy, shockwave therapy, medication, and trigger point injections. Her diagnoses were noted to include lumbar degenerative disc disease with herniated nucleus pulposus and facet arthropathy, acute left L5 radiculopathy, severe bilateral carpal tunnel syndrome, degeneration and tendinosis of the supraspinatus tendon, tendinosis of the supraspinatus tendon to the left shoulder, and neural foraminal encroachment to the L3-4 and moderate facet hypertrophy at L3-4, L4-5, and L5-S1. The progress note dated 01/15/2014 revealed the injured worker continued to have ongoing pain in her lower back, which was mostly axial in nature, and aggravated when she attempted to straighten or extend her lower back. The injured worker reported feeling depressed and anxious due to current continued back pain. The physical examination revealed tenderness to palpation about the lumbar paravertebral musculature and sciatic notch region. There were trigger points and taut bands with tenderness to palpation noted throughout and pain was reproducible with facet loading along the lumbar spine bilaterally. The lumbar spine range of motion was noted to be diminished and the deep tendon reflexes were diminished to the right side. The sensory examination was noted to be decreased along the posterolateral thigh and lateral calf bilaterally about the L5 distribution, right greater than left. There was also a positive straight leg noted bilaterally, left greater than right. The injured worker received 4 trigger point injections and reported good pain relief of greater than 50% and an increased range of motion. The progress note dated 02/11/2014 revealed the injured worker complained of severe lumbar spine pain. The injured worker revealed she was performing home exercises and that she had gained 25 pounds since the accident. The physical examination revealed spasming and tenderness to the lumbar spine, and a positive straight leg

raise. The request for authorization forum dated 02/24/2014 was for trigger point impedance imaging and localized intense neurostimulation therapy 1 time a week for 6 to 12 weeks; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Localized intense neurostimulation therapy (LINT) program 2x week x 3 weeks.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Miguel Gorenberg, Elad Schiff, Kobi Schwartz, and Elon Eizenberg, "A Novel Image-Guided, Automatic, High- Intensity Neurostimulation Device for the Tratmetnt of Nonspecifice Low Back Pain," Pain Research and Treatment, vol. 2011, Article ID 152307, 6 pages, 2011.

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, Hyperstimulation Analgesia.

Decision rationale: The request for a localized intense neurostimulation therapy (LINT) program 2x week x 3 weeks is not medically necessary. The injured worker was noted to have trigger point and taut bands with tenderness throughout the spine, and significant pain with extension and limited range of motion. The Official Disability Guidelines do not recommend hyper stimulation analgesia until there are higher quality studies. Initial results are promising, but only from 2 low quality studies sponsored by the manufacturer. Localized manual high-intensity neurostimulation devices are applied to small surface areas to stimulate the peripheral nerve endings, thus causing the release of endogenous endorphins. This procedure, usually described as hyperstimulation analgesia, has been investigated in several controlled studies. However, such treatments are time consuming and cumbersome, and require previous knowledge of the localization of peripheral nerve endings responsible for low back pain or manual impedance mapping of the back, and these limitations prevent their extensive utilization. Hyper stimulation analgesia with localized, intense, low-rate electrical pulses applied to painful active myofascial trigger points are found to be effective in 95% of patients with chronic nonspecific low back pain, in a clinical validation study. The results of this current pilot study show that treatment with novel device produced a clinically significant reduction in back pain in almost all patients after 4 treatment sessions. The guidelines do not recommend the LINT program until there are higher quality studies. Therefore, the request is not medically necessary.

Trigger point impedance imaging.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Compensation Low Back Procedure Summary.

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, Hyperstimulation Analgesia.

Decision rationale: The request for a trigger point impedance imaging is not medically necessary. The injured worker complains of severe low back pain with severe trigger points and taut bands. The Official Disability Guidelines do not recommend hyper stimulation analgesia unless there are higher quality studies. The initial results are promising, but only from 2 low quality studies sponsored by the manufacturer. This procedure, usually described as hyeprstimulation analgesia, has been investigated in several controlled studies. However, such treatments are time consuming and cumbersome, and require previous knowledge of the localization of peripheral nerve endings responsible for low back pain or manual impedance mapping of the back. These limitations prevent their extensive utilization. The novel device capable of automatically measuring skin impedance in a selected body area and, immediately afterwards, of stimulating multiple points that are targeted according to differentiation in their electrical properties and proprietary image processing algorithms with high intensity yet non-painful electrical stimulation. The guidelines do not recommend hyper stimulation analgesia. The previous request for the LINT was not medically necessary and did not warrant the trigger point impendence imaging. Therefore, the request is not medically necessary.