

<b>Case Number:</b>	CM14-0047937		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/28/2011
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Occupational Medicine 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 case involves a 56 year old male who submitted a claim for lumbar radiculopathy and myofascial pain syndrome associated from an industrial injury date of September 28, 2011. Medical records from 2013-2014 were reviewed. The latest report dated April 17, 2014 revealed that the patient complains of constant severe sharp low back pain rated 10/10 and sharp left leg pain. It was indicated that movement such as prolonged driving and walking, aggravate the pain. On the date of the physical examination, there was tenderness of the lumbar paravertebral muscles, decreased and painful range of motion and the Nachlas was positive. Treatment to date has included localized intense neurostimulation therapy (3/12/14), chiropractic treatment, physical therapy, epidural steroid injection, activity modification. The medications Include Naproxen, Ibuprofen, Hydrocodone, Tramadol, Gabapentin, Fexmid, Ambien, Flubirprofen/Tramadol Cream and Gabapentin/Amitriptyline Cream. The utilization review dated March 24, 2014, denied the request for Trigger Point Impedance Imaging (TPII) with localized intense neurostimulation therapy (LINT): 12 sessions (lumbar spine) because LINT treatments are considered experimental and investigational based on a lack of sufficient scientific evidence of efficacy.

### 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) with localized intense neurostimulation therapy (LINT): 12 sessions (lumbar spine): 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: A Novel Image-Guided, Automatic, High-Intensity Neurostimulation Device for the Treatment of Nonspecific Low Back Pain, Pain Research and Treatment, 2011, 152307 (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3195366/>).

**Decision rationale:** CA MTUS does not specifically address the topic on localized intense neurostimulation therapy. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, an article entitled, A Novel Image-Guided, Automatic, High-Intensity Neurostimulation Device for the Treatment of Nonspecific Low Back Pain, was used instead. It stated that the pilot study investigated the effectiveness of a novel device in the management of chronic low back pain. The conclusion cited that further investigation of the use of LINT therapy in the treatment of LBP is required. In this case, the patient underwent Trigger Point Impedance Imaging (TPII) on March 12, 2014, with results consistent with lumbar spine and myofascial pain syndrome. He then received localized intense neurostimulation therapy, which the patient tolerated well with no complications. However, there was no documentation of outcome of the said treatment. Moreover, the proposed treatment modality is still on its experimental stage; thus, it is not guideline recommended. Furthermore, there is no evidence to support the medical necessity of a repeat treatment. Therefore, the request for Trigger Point Impedance Imaging (TPII) with localized intense neurostimulation therapy (LINT): 12 sessions (lumbar spine) is not medically necessary.