

Case Number:	CM14-0058721		
Date Assigned:	07/09/2014	Date of Injury:	03/05/2013
Decision Date:	09/10/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/29/2014

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 Family 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 is a 58 year old male patient who reported an industrial injury on 3/5/2013, 18 months ago, attributed to the performance of customary job tasks. The patient complains of neck pain with weakness and stiffness. The patient complains of lower back pain. The patient complained of bilateral shoulder pain. The objective findings on examination included diminished ROM and TTP. The treatment plan included trigger point impedance and localized intense neurostimulation therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point impedance (TPII) (lumbar): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC low back procedure summary last updated 3/18/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter-- neurostimulation; NMES.

Decision rationale: There are no evidence-based guidelines that recommend treatment with TPII for chronic low back pain. The use of high intensity neurostimulation to small surface areas to

release endogenous endorphins is not supported with objective evidence. There is no recommendation by the national medical community for this treatment. There is no demonstrated functional improvement with the use of the TPII. There is no medical necessity for the requested TPII treatment. Therefore it is not medically necessary.

Continued localized intense neurostimulation therapy (LINT)(lumbar) (1x3): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: There are no evidence-based guidelines that recommend treatment with intense neurostimulation therapy for chronic low back pain. The use of high intensity neurostimulation to small surface areas to release endogenous endorphins is not supported with objective evidence. There is no recommendation by the national medical community for this treatment. There is no demonstrated functional improvement with the use of the intense neurostimulation to the back. There is no medical necessity for the requested localized intense neurostimulation treatment. Therefore it is not medically necessary.