MAXIMUS Federal Services

Case Number:	CM14-0059205		
Date Assigned:	07/09/2014	Date of Injury:	12/09/2012
Decision Date:	08/08/2014	UR Denial Date:	04/11/2014
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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 patient is a 42-year-old with a date of injury of 12/09/12. Progress reports associated with the request for services, dated 03/26/14 and 04/08/14, identified subjective complaints of neck and low back pain. Objective findings included tenderness to palpation and decreased range-of-motion of the cervical and lumbar spines. Trigger points were noted in the lumbar area. Diagnoses included cervical and lumbar sprain/strain. Treatment has included aquatic therapy and oral analgesics. A Utilization Review determination was rendered on 04/14/14 recommending non-certification of Trigger point impedance (TPII) and for Localized intense neurostimulation therapy; one time a week for six to twelve weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point impedance (TPII): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/17532902 Schultz,Sarah 2007-The Evaluation of Electrodermal Properties in the Identification of Myofascial Trigger Points. Physical Medicine and Rehabilitation, Volume 88:780-784; http://www.ncbi.nlm.nih.gove/pmc/articles/PMC3700778 Imaging-guided hyperstimulation analgesia in low back pain Miguel Gorenberg and Kobi Schwartz J Pain Res.2013;6: 487-491 Published online 2013 June 25.

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

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that a trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger point impedance helps identify trigger points. The MTUS and Official Disability Guidelines do not address impedance trigger point mapping directly. In this case, the patient's trigger points had been identified. Therefore, the record does not document the medical necessity for trigger point impedance.

Localized intense neurostimulation therapy; one time a week for six to twelve weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy. Decision based on Non-MTUS Citation http://www.hindawl.com/journals/prt/2011/152307/.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy; Electrical Stimulators (E-stim) Page(s): 45, 114-121.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) notes that there are multiple different types of electrical stimulation of varying degrees of efficacy. Neurostimulation is a type of transcutaneous electrotherapy, similar to transcutaneous electrical nerve stimulation (TENS). The MTUS states that TENS is not recommended for the back. For other conditions, a one-month trial of transcutaneous therapy is considered appropriate if used as an adjunct to an evidence-based program of functional restoration. The recommended types of pain include Neuropathic pain; CRPS I and II; Phantom limb pain; Spasticity; Multiple sclerosis. For chronic intractable pain from these conditions, the following criteria must be met: Documentation of pain for at least three months duration; Evidence that other appropriate pain modalities have been tried (including medication) and failed. In this case, there is no documentation of the type of pain specified above. Additionally, not all its modalities are recommended for the back. Therefore, there is no documented medical necessity for neurostimulation therapy.