

<b>Case Number:</b>	CM14-0059574		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	05/09/2012
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 Nevada. 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 records presented for review indicate that this 31 year-old individual was reportedly injured on May 9, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 11, 2014 indicates that there are ongoing complaints of cervical spine pain, lumbar spine pain, bilateral hip pain (5/10) and bilateral shoulder pain (5/10). The physical examination demonstrated increased symptoms of motion, tenderness to palpation a lower lumbar spine with muscle spasms, a decrease in range of motion in the low back and thoracic region. Diagnostic imaging studies reportedly noted a disc herniation in the cervical spine and lumbar spine. Previous treatment includes shockwave therapy and acupuncture. A request had been made for trigger point injections and other modalities and was not certified in the pre-authorization process on March 31, 2014.

### 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): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines. 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 Treatment of Nonspecific Low Back Pain, "Pain Research and Treatment, col. 2011, Article ID 152307, 6 Pages, 2011.

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

**Decision rationale:** As noted in the MTUS, such injections are recommended for myofascial pain syndrome and have a limited lasting value. When noting that there are disc herniations identified in the cervical spine and lumbar spine, and that these types of injections are not recommended for radicular pain, there is insufficient clinical information presented to establish the medical necessity for such an intervention. The request for Trigger Point Impedance Imaging (TPII) is not medically necessary.

**Localized Intense Neurostimulation Therapy (LINT): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. 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 Treatment of Nonspecific Low Back Pain, "Pain Research and Treatment, col. 2011, Article ID 152307, 6 Pages, 2011.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

**Decision rationale:** It is noted that the MTUS, ACOEM, or ODG provide any support the use of this type of intervention. There are limited evidence-based trials suggesting that this intervention has any efficacy, utility, or provide any benefit. As such, based on the injury sustained, the date of injury, the findings of physical examination there is no clear clinical indication, as outlined in the literature, do support this request. The medical necessity has not been established. The request for Localized Intense Neurostimulation Therapy (LINT) is not medically necessary.

**Urine Drug Test: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Procedure Summary Last Updated 3/18/2014 Urine Drug Testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 78.

**Decision rationale:** As noted in the parameters identified in the ACM guidelines, drug screening is indicated when there are issues of abuse, addiction, poor pain control, illicit drug use or other parameters. Based on the progress notes presented for review none of these issues appears to be present. As such, there is no clear clinical indication for this testing thus the medical necessity has not been established. The request for Urine Drug Test is not medically necessary.

**Acupuncture 2 x per Week x 4 Weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

**Decision rationale:** Noting that there is an order for these intervention pain issues, when considering the date of injury, the current physical examination, and the lack of response to previous physical modalities there is no clear clinical indication presented to suggest any potential efficacy with this intervention. Furthermore, a limited trial to determine the efficacy is to be outlined and the requested amount of sessions exceed that parameter. Therefore, the medical necessity has not been established. The request for Acupuncture 2 x per Week x 4 Weeks is not medically necessary.

**NIOSH:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Fitness for Duty Procedure Summary last Updated 5/12/2010.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, Page 49.

**Decision rationale:** When noting the parameters outlined in the ACM guidelines, with the understanding that there is some support for this type of testing, there is no indication that this individual has any intention or desire to return to work, and that the assessment of the functional abilities has been accomplished during a routine physical examination. As such, the criterion for such an intervention has not been published in the progress notes and the medical necessity cannot be established. The request for NIOSH is not medically necessary.

**Continue Shockwave:** 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 Procedure Summary Last Updated 2/13/2014; Shockwave Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Chapter.

**Decision rationale:** As noted in the ODG (ACOEM and MTUS do not address) the only clinical indication for this intervention is calcifying tendinitis. The most recent progress notes to indicate there has not been any improvement, there continues to be pain, and there is a diagnosis of calcific tendinitis. Therefore, the request for Continue Shockwave is not medically necessary.

