

Case Number:	CM14-0063290		
Date Assigned:	07/11/2014	Date of Injury:	11/20/2011
Decision Date:	09/19/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	05/05/2014

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:

This 47 year-old patient sustained an injury on 11/20/11. Request(s) under consideration include Localized Intense Neurostimulation Therapy 2xWk x 6Wks Lumbar area. Diagnoses include lumbar disc protrusion/ musculoligamentous injury/ myospasms. Conservative care has included physical therapy, aquatic therapy, TENS, lumbar medial branch blocks, medications, and modified activities/rest. The report of 2/17/14 from the chiropractic provider noted the patient with constant ongoing low back pain with stiffness and loss of sleep from pain. Exam showed lumbar spine with trigger points at paraspinals; limited range in flex/ext/lateral bending of 40/15/25 degrees; muscle spasm of paravertebral muscles; positive SLR bilaterally; tenderness at left thenar region. The request(s) for Localized Intense Neurostimulation Therapy 2xWk x 6Wks Lumbar area was non-certified on 4/4/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Localized Intense Neurostimulation Therapy 2xWk x 6Wks Lumbar area: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Percutaneous electrical nerve stimulation (PENS) Page(s): 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point injection Page(s): 122. Decision based on Non-MTUS Citation Other Medical Treatment

Guideline or Medical Evidence: National Guidelines Clearing House States the following in reference to Trigger Point and Botox Injections, Prolotherapy, Nerve Blocks, and Acupuncture: "For chronic nonmalignant pain syndrome patients there is a lack of any convincing quality evidence that any of these techniques work for this patient population. Thus, as with earlier guidelines, these methods are not recommended for use with CPS patients". Sanders SH, Harden RN, Vicente PJ. Evidence-based clinical practice guideline for interdisciplinary rehabilitation of chronic non-malignant pain syndrome patients. Chattanooga (TN): Siskin Hospital for Physical Rehabilitation; 2005. 41 p. [116 references.

Decision rationale: Reviewed guidelines were the ACOEM, MTUS, ODG, NGC, and National Library of Medicine. Guidelines are silent on Localized Intense Neurostimulation therapy/ trigger point procedure and provider has not provided any evidence-based studies to support this treatment request. The patient had lumbar spine MRI on 5/4/13 with multilevel disc protrusion causing bilateral neural foraminal and canal stenosis. The patient has received multiple treatment modalities for this chronic 2011 injury with persistent unchanged chronic pain. The goal of TPI's is to facilitate progress in physical therapy (PT) and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, Per the MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional activities of daily living (ADLs); however, in regards to this patient, exam findings identified possible radicular signs which are medically contraindicated for TPI's criteria. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The Localized Intense Neurostimulation Therapy 2xWk x 6Wks Lumbar area is not medically necessary and appropriate.