

Case Number:	CM14-0067368		
Date Assigned:	07/11/2014	Date of Injury:	09/04/2013
Decision Date:	08/13/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/12/2014

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 has a subspecialty in Interventional Spine 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:

The patient is a 37-year-old male with a date of injury of 09/04/2013. The listed diagnoses per [REDACTED] are: an 8-mm central/left paracentral disk extrusion at L5-S1, a 2-mm diffuse disk bulge at L4-L5, Left sciatica, and Endogenous obesity. According to progress, report 04/08/2014 by [REDACTED], the patient presents with constant low back pain and stiffness. The patient reports loss of sleep, anxiety, and irritability secondary to pain. Physical examination demonstrated tenderness over the paraspinal muscle of the lumbar spine. Range of motion is decreased and painful on all planes. Treatment history includes hot/cold pack, moist heat pad, back support, modified duty, physical therapy, chiropractic treatments, LINT and medication. The provider is requesting trigger point impedance and localized intense neurostimulation therapy (LINT) x3 sessions for the lumbar spine. Utilization review did not grant the request on 04/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Impedance, Localized Intense Neurostimulation Therapy x3 session for the 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-Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Neuromuscular electrical stimulation (NMES devices), page 121 and on the Non-MTUS Labor Code 4610.5 (2).

Decision rationale: The patient presents with constant low back pain and stiffness. The provider is requesting trigger point impedance (TPII). The MTUS, ACOEM, and ODG Guidelines do not discuss Trigger point Impedance (TPII). Therefore, the Labor Code 4610.5 (2) is used, medically necessary and medical necessity medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury and based on the following standards which shall be applied in the order listed allowing reliance on a lower rank standard only if every high rank standard is inapplicable to the employee's medical condition. In this case, the highest ranked standard is (d) expert opinion and it is unclear as to why the provider is requesting extensive nonstandard testing. While there is some discussion regarding this impedance imaging to identify trigger points, the MTUS provides clear guidance under examination to identify trigger points. There is no reason to use an unproven diagnostic machine when a standard examination should suffice. The provider is also requesting a localized intense neurostimulation therapy (LINT) 3 sessions for the lumbar spine. LINT is localized intense neurostimulation therapy. The MTUS, ACOEM, and Official Disability Guidelines do not have any discussions on LINT specifically. However, for neuromuscular electrical stimulation, the MTUS Guidelines page 121 has the following Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There is no intervention trial suggesting benefit from NMES for chronic pain. In this case, there is no indication that this patient has had a stroke. Furthermore, the provider does not discuss how this treatment is intended to treat or relieve the patient's symptoms. The requested consultation for LINT therapy is not medically necessary.

