

Case Number:	CM14-0068671		
Date Assigned:	07/14/2014	Date of Injury:	04/29/2012
Decision Date:	08/11/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/13/2014

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 41-year-old female with a date of injury of 04/29/2012. The listed diagnoses per [REDACTED] are: 1. Cervical muscle spasm. 2. Cervical radiculopathy. 3. Cervical sprain/strain. 4. Right shoulder impingement syndrome. 5. Right shoulder pain. 6. Right shoulder strain/sprain. 7. Disruption of 24-hour sleep wake cycle. 8. Loss of sleep. 9. Sleep disturbance. 10. Anxiety. 11. Depression. 12. Irritability. 13. Nervousness. According to progress report, 04/08/2014, by [REDACTED], the patient presents with cervical spine and right shoulder pain. She also complains of loss of sleep due, depression, anxiety, and irritability. Examination of the cervical spine revealed range of motion is decreased and painful. There is more than 3 tenderness to palpation of the cervical paravertebral muscles and spasms. Cervical compression test is positive. Examination of the right shoulder revealed decreased and painful range of motion with more than 3 tenderness to palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder, posterior shoulder, and supraspinatus. Spinatus press test is positive. Request for authorization from 04/10/2014 requests a trigger-point impedance (TPII) and a localized intense neuro-stimulation therapy. The physician does not provide a rationale for the requests. Utilization review denied 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 (TPII): 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 the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: Labor Code 4610.5 (2) is used “medically necessary” and “medical necessity.”

Decision rationale: 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 physician is requesting extensive nonstandard testing. While there is some discussion regarding this impedance imaging to identify trigger points, MTUS provides clear guidance under examination to identify trigger points. There is no reason to use an unproven diagnostic machine when a simple examination should suffice. Therefore, Trigger Point Impedance (TPII) is not medically necessary.

Neurostimulation Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES) Device Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices)(p121) Page(s): 121.

Decision rationale: The MTUS, ACOEM, and ODG Guidelines do not have any discussion Neurostimulation therapy 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 physician does not discuss how this treatment is intended to treat or relieve the patient's symptoms. The Neurostimulation Therapy is not medically necessary.