

<b>Case Number:</b>	CM14-0068768		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	09/09/2011
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 54 year old female who was injured on 9/9/2011. She was diagnosed with lumbar sprain/strain, lumbar degenerative disc disease, lumbar radiculopathy, left knee chondromalacia/meniscus tear, secondary loss of sleep/anxiety/depression, and left knee sprain/strain. She was treated with oral and topical medications, physical therapy, and localized neurostimulation therapy (LINT) for 4 sessions. She was seen by her primary treating provider (chiropractor) on 4/8/14 complaining of lumbar pain and stiffness, left knee intermittent pain and weakness, and loss of sleep and anxiety and irritability due to her pain. No report was documented about how she responded to LINT. She was then recommended to continue with 3 more sessions of LINT, and referred her for work conditioning as well as her other doctors.

### 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 Non-MTUS Citation Official Disability Guidelines (ODG), Low Back section, Trigger point impedance imaging.

**Decision rationale:** The MTUS Guidelines are silent in regards to trigger point impedance imaging (TPII). The Official Disability Guidelines, however, states that for low back pain, this imaging method is not recommended. The Nervomatrix device combines trigger point impedance imaging with hyperstimulation analgesia, such as what was requested in the case of this worker. Since they are combined, see #2 for further information on hyperstimulation analgesia. Therefore, the TPII is not medically necessary.

**Localized Intense Neurostimulation Therapy x 3 Sessions (Lumbar):** 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 Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The MTUS does not address localized intense neurostimulation therapy (LINT) for low back pain. The Official Disability Guidelines, however, states that hyperstimulation analgesia (such as LINT) is not recommended until there are higher quality studies to show efficacy and safety, although small manufacturer-funded studies suggest that this method is promising. In the case of this worker, she had completed 4 sessions of LINT, but no documentation was found in the notes provided for review reporting how she responded to the treatments (functionally or pain reduction). Therefore, due to lack of documentation and the treatment method generally not recommended by current guidelines, LINT is not medically necessary in this case.