

Case Number:	CM14-0069249		
Date Assigned:	07/14/2014	Date of Injury:	07/02/2012
Decision Date:	09/23/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/14/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 58-year-old female with a 7/2/12 date of injury. At the time (4/14/14) of request for authorization for trigger point impedance for the lumbar spine 1x for 6 to 12 weeks and localized intense neurostimulation therapy for the lumbar spine 1x for 6 to 12 weeks, there is documentation of subjective (constant neck pain and stiffness, constant low back pain and stiffness, intermittent right shoulder pain associated with pushing, pulling, sitting, standing, waking, bending, kneeling and squatting) and objective (cervical spine decreased and painful range of motion, 3+ tenderness to palpation of the cervical paravertebral muscles, muscle spasms, positive cervical compression and shoulder depression; lumbar spine trigger points, decreased and painful range of motion, 3+ tenderness to palpation of the lumbar paravertebral muscles, muscle spasm of the lumbar paravertebral muscles, positive Kemp's and straight leg raise; right shoulder decreased and painful range of motion, 3+ tenderness, and positive supraspinatus test) findings, current diagnoses (cervical disc protrusion, cervical myospasm, cervical radiculopathy, cervical sprain/strain, lumbar disc protrusion, lumbar myospasm, lumbar sprain/strain, right shoulder impingement syndrome, right shoulder pain, right shoulder sprain/strain, right shoulder tenosynovitis, r/o right shoulder internal derangement, right carpal tunnel syndrome), and treatment to date (medications, activity modification, and physical therapy, and ESWT treatment to the shoulder).

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Impedence for the lumbar spine 1x for 6 to 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain; Trigger Point injections.

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, Trigger point impedance imaging, Hyperstimulation analgesia.

Decision rationale: MTUS does not address this issue. ODG states that trigger point impedance imaging and hyperstimulation analgesia is not recommended. Therefore, based on guidelines and a review of the evidence, the request for trigger point impedance for the lumbar spine 1x for 6 to 12 weeks is not medically necessary.

Localized intense neurostimulation therapy for the lumbar spine 1x for 6 to 12 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain; Neuromuscular electrical stimulation (MNES devices).

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines states that neuromuscular electrical stimulation (NMES) is not recommended. In addition, MTUS Chronic Pain Medical Treatment Guidelines states that NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Therefore, based on guidelines and a review of the evidence, the request for localized intense neurostimulation therapy for the lumbar spine 1x for 6 to 12 weeks is not medically necessary.