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| Case Number: | CM14-0069282 | | |
| Date Assigned: | 07/14/2014 | Date of Injury: | 05/10/2013 |
| Decision Date: | 10/08/2014 | UR Denial Date: | 04/29/2014 |
| 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 Physical Medicine & 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:

The injured worker is a 64-year-old female who reported an injury on 05/10/2013. While seated in the teacher's lounge for lunch, the injured worker got up and began to leave when she slipped on nacho cheese sauce and fell. Diagnoses were cervical disc protrusion, cervical muscle spasm, cervical pain, cervical radiculopathy, cervical sprain/strain, cervical stenosis, thoracic disc protrusion, thoracic pain, thoracic sprain/strain, right rotator cuff tear, right shoulder impingement syndrome, right shoulder internal derangement, right shoulder pain, right shoulder sprain/strain, right shoulder tenosynovitis, disruptions of 24 hour sleep/wake cycle, insomnia with sleep apnea, loss of sleep, and sleep disturbance. Past treatments were medications, physical therapy, home exercise program, and TENS unit. Diagnostic studies were x-ray of the right shoulder, MRI of the right shoulder, head and neck. Surgical history was right shoulder arthroscopy with subacromial decompression, arthrotomy with right rotator cuff repair and labral repair. Physical examination on 04/07/2014 revealed complaints of the cervical spine, thoracic spine, right shoulder and loss of sleep due to pain. There was a decrease in the range of motion for the cervical spine. There was a +3 tenderness to palpation of the cervical paravertebral muscles. There was muscle spasm of the cervical paravertebral muscles. Cervical compression was positive. Shoulder depression was positive bilaterally. Examination of the thoracic spine revealed trigger point of rhomboids and paraspinals. There was a +3 tenderness to palpation of the thoracic paravertebral muscles. There was muscle spasm of the thoracic paravertebral muscles. Kemp's testing caused pain. Examination of the right shoulder revealed a +3 tenderness to palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder, posterior shoulder and supraspinatus. Supraspinatus press was positive. Medications were Mobic and Menthoderm cream. Treatment plan was for trigger point impedance imaging 1 time

per week for thoracic spine and neurostimulation therapy 1 time per week for thoracic pain. The rationale was not submitted. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point impedance imaging (TPII) 1 time per week for thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121,122.

Decision rationale: The decision for Trigger point impedance imaging (TPII) 1 time per week for thoracic spine is not medically necessary. California Medical Treatment Utilization Schedule recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Symptoms should have persisted for more than 3 months. Medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants should be documented as failed to control pain. Radiculopathy should not be present by exam, imaging or neuro testing, and there are to be no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement. Additionally, they indicate that the frequency should not be at an interval less than 2 months. There were no reports of failed conservative care such as physical therapy, home exercise program, acupuncture, or chiropractic sessions. There was no evidence upon palpation of a twitch response reported on the thoracic spine. It was not reported that the injured worker had taken muscle relaxants. There were no significant factors provided to justify this procedure. Therefore, this decision is not medically necessary.

Neuro-stimulation therapy (LINT) one time per week for thoracic pain, Quantity six (6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurostimulation Therapy, (NMES, TENS, EMS), Page(s): 114-116,121.

Decision rationale: The decision for Neuro-stimulation therapy (LINT) one time per week for thoracic pain, Quantity six (6) is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that a neuromuscular electrical stimulation (NMES devices) is 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 are no intervention trials suggesting benefit from NMES for chronic pain. A 1 month trial of a TENS

unit is recommended if it is used as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The medical guidelines do not support the use of a neuromuscular electrical stimulation for chronic pain. There were no other significant factors provided to justify the use outside of the current guidelines. Therefore, this decision is not medically necessary.