

Case Number:	CM14-0069343		
Date Assigned:	07/14/2014	Date of Injury:	09/01/2010
Decision Date:	09/09/2014	UR Denial Date:	04/21/2014
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:

This 42 year-old patient sustained an injury on 9/1/10 while employed by [REDACTED]. Request(s) under consideration include 1 TPII (Trigger Point Impedance Imaging) and 1 LINT (Localized Intense Neurostimulation Therapy). The patient has continued to treat for ongoing chronic low back pain and right shoulder symptoms. Diagnoses include right shoulder arthropathy; lumbar disc herniation. Medications list compounded topical analgesics. There are multiple acupuncture visits in June and July 2014 with ongoing chronic pain rated at 5-7/10 in the spine and shoulder. Templated checked box request dated 2/24/14 from the provider noted referral request for TPII & LINT along with ongoing chiro/PT 2x6. Illegible hand-written report noted patient experiencing slight improvement in low back; there is dull pain, aching? Moderate, severe depending upon activity; right shoulder is better. No exam were documented only noting MRI with 4.5 mm posterior disc bulge at L4-5 and mild tendinosis with partial tear of shoulder. Diagnoses were right shoulder arthropathy and lumbar disc herniation. Treatment included chiro/PT 2x6; topical cream; and TPII/LINT to L/S. The patient remained TTD/off work. Request(s) for 1 TPII (Trigger Point Impedance Imaging) and 1 LINT (Localized Intense Neurostimulation Therapy) were non-certified on 4/21/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TPII (Trigger Point Impedance Imaging): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point injection Page(s): 122. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The National Guidelines Clearing House States Chattanooga (TN): Siskin Hospital for Physical Rehabilitation; 2005. 41 p.

Decision rationale: This 42 year-old patient sustained an injury on 9/1/10 while employed by [REDACTED]. Request(s) under consideration include 1 TPII (Trigger Point Impedance Imaging) and 1 LINT (Localized Intense Neurostimulation Therapy). The patient has continued to treat for ongoing chronic low back pain and right shoulder symptoms. Diagnoses include right shoulder arthropathy; lumbar disc herniation. Medications list compounded topical analgesics. There are multiple acupuncture visits in June and July 2014 with ongoing chronic pain rated at 5-7/10 in the spine and shoulder. Templated checked box request dated 2/24/14 from the provider noted referral request for TPII & LINT along with ongoing chiro/PT 2x6. Illegible hand-written report noted patient experiencing slight improvement in low back; there is dull pain, aching. Moderate, severe depending upon activity; right shoulder is better. No exam were documented only noting MRI with 4.5 mm posterior disc bulge at L4-5 and mild tendinosis with partial tear of shoulder. Diagnoses were right shoulder arthropathy and lumbar disc herniation. Treatment included chiro/PT 2x6; topical cream; and TPII/LINT to L/S. The patient remained TTD/off work. Request(s) for 1 TPII (Trigger Point Impedance Imaging) and 1 LINT (Localized Intense Neurostimulation Therapy) were non-certified on 4/21/14. Review of ACOEM, MTUS, ODG, NGC, National Library of Medicine, etc.. Guidelines are silent on trigger point impedance imaging and provider has not provided any evidence-based studies to support this treatment request. The patient had received multiple treatment modalities for this chronic 2010 injury; however, without evidence of failure of conservative treatment for this musculoskeletal injury with persistent unchanged chronic pain. The goal of TPI's is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings are without clear deficits. Medical necessity for Trigger point impedance imaging treatment has not been established and does not meet any evidenced-based criteria. The 1 TPII (Trigger Point Impedance Imaging) is not medically necessary and appropriate.

1 LINT (Localized Intense Neurostimulation Therapy): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This 42 year-old patient sustained an injury on 9/1/10 while employed by [REDACTED]. Request(s) under consideration include 1 TPII (Trigger Point Impedance Imaging) and 1 LINT (Localized Intense Neurostimulation Therapy). The patient has continued to treat for ongoing shoulder arthropathy; lumbar disc herniation. Medications list compounded topical analgesics. There are multiple acupuncture visits in June and July 2014 with ongoing chronic pain rated at 5-7/10 in the spine and shoulder. Templated checked box request dated 2/24/14 from the provider noted referral request for TPII & LINT along with ongoing chiro/PT 2x6. Illegible hand-written report noted patient experiencing slight improvement in low back; there is dull pain, aching. Moderate, severe depending upon activity; right shoulder is better. No exam were documented only noting MRI with 4.5 mm posterior disc bulge at L4-5 and mild tendinosis with partial tear of shoulder. Diagnoses were right shoulder arthropathy and lumbar disc herniation. Treatment included chiro/PT 2x6; topical cream; and TPII/LINT to L/S. The patient remained TTD/off work. Request(s) for 1 TPII (Trigger Point Impedance Imaging) and 1 LINT (Localized Intense Neurostimulation Therapy) were non-certified on 4/21/14. Review of ACOEM, MTUS, ODG, NGC, National Library of Medicine, etc.. Guidelines are silent on LINT treatment and the provider has not provided any evidence-based studies to support this treatment request. The patient had received multiple treatment modalities for this chronic 2010 injury; however, without evidence of failure of conservative treatment for this musculoskeletal injury with persistent unchanged chronic pain. The goal of TPI's is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings are without clear deficits. Medical necessity for the LINT treatment has not been established and does not meet guidelines criteria. The 1 LINT (Localized Intense Neurostimulation Therapy) is not medically necessary and appropriate.