MAXIMUS Federal Services

Case Number:	CM14-0071585		
Date Assigned:	07/16/2014	Date of Injury:	09/09/2011
Decision Date:	09/19/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/16/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 53-year-old female was reportedly injured on September 9, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 8, 2013, indicates that there are ongoing complaints of left knee pain. The physical examination demonstrated spasms and trigger points along the lumbar spine paravertebral muscles and tenderness at the lower lumbar spinous processes. There was decreased lumbar spine range of motion and a positive bilateral straight leg raise test. The examination of the left knee notes tenderness throughout the knee and a positive McMurray's test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request had been made for trigger point impedance (TPI) localized intense neuro-stimulation therapy x 3 sessions (lumbar) and was not certified in the pre-authorization process on April 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point impedance (TPI) Localized intense neurostimulation Therapy x 3 sessions (lumbar): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back Chapter-LINT.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Neuromuscular Electrical Stimulation Devices, Updated July 10, 2014.

Decision rationale: The CA MTUS, ACOEM, and the ODG provide no support for the use of Localized Intense Neural Stimulation Therapy for the compensable injury cited. Such equipment is primarily used as part of a rehabilitation program following a stroke and there is no evidence to support its use in chronic pain. Without additional evidence-based supported documentation to identify the efficacy and utility of the program requested, compared to more efficacious and supported evidence-based programs, this request for trigger point impedance (TPI) localized intense neurostimulator therapy x3 sessions (lumbar) is not medically necessary.