

Case Number:	CM14-0071991		
Date Assigned:	07/16/2014	Date of Injury:	11/02/2011
Decision Date:	09/19/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/19/2014

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 40-year-old individual was reportedly injured on November 2, 2011. The mechanism of injury was noted as a lifting event. The most recent progress note, dated May 29, 2014, indicated that there were ongoing complaints of low back pain. The physical examination was not reported. Diagnostic imaging studies were not reviewed. Previous treatment included surgical intervention, multiple medications and pain management interventions. A request had been made for trigger point injections and was non-certified in the pre-authorization process on May 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Points Impedance Imaging: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://electrotherapeutics.wordpress.com>.

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

Decision rationale: This request is recommended only for myofascial pain syndrome, with limited lasting value and not recommended for radicular pain. Trigger point injections with an anesthetic such as Bupivacaine are recommended for non-resolving trigger points, but the

addition of a corticosteroid is not generally recommended. There is no noted specific circumcise trigger point objectified, and there is no narrative relative to the home exercise protocol emphasizing overall fitness, conditioning, achieving ideal body weight, stretching exercises and other physical therapy modalities. Therefore, there is insufficient clinical evidence presented to support this request as medically necessary based on the Chronic Pain Medical Treatment Guidelines.

Localized Intense Neurostimulation Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://electrotherapeutics.wordpress.com>.

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 chapter; Neuromuscular electrical stimulators.

Decision rationale: The California MTUS, ACOEM, and the Official Disability Guidelines provide no support for the use of localized intense neural stimulation therapy for the injury cited. Furthermore, the guidelines do not recommend various electric stimulation therapies due to lack of evidence based trials suggesting benefit. However, there is guideline support for other, better studied stimulation therapies where intervention trials have suggested benefit. 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 cannot be deemed as medically necessary.