

Case Number:	CM14-0077362		
Date Assigned:	07/18/2014	Date of Injury:	08/14/2009
Decision Date:	08/25/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/27/2014

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 Medicine and is licensed to practice in Texas and Florida. 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 patient is a 55 year old male who was injured on 8/14/2009. The diagnoses are low back pain, headache and bilateral knee pain. There are associated diagnoses of anxiety, insomnia and depression. The patient had completed massage therapy, aqua therapy, TENS unit use, lumbar facet injections, lumbar epidural steroid injections and medication treatments. On 4/22/2014, there were objective findings of paraspinal muscle trigger points, positive straight leg raising sign and positive McMurray's sign. The medications are hydrocodone, ibuprofen and gabapentin for pain, zolpidem for sleep and omeprazole for the prevention and treatment of NSAIDs induced gastritis. A Utilization Review determination was rendered on 4/29/2014 recommending non certification for trigger points impedance localized intense neurostimulation therapy, lumbar.

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, Lumbar:
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 9792.24.2
Page(s): 122.

Decision rationale: The CA MTUS and the ODG guidelines addressed the treatment of myofascial pain syndrome in patients with chronic musculoskeletal pain. Trigger points treatment may be beneficial for the treatment of circumscribed palpable tender taut bands that did not respond to conservative treatment with PT, exercise and medications. The record show subjective complaints and objective findings indicative that the low back pain has discogenic and facet related causes. The presence of co-existing psychosomatic components of chronic pain such as anxiety and depression have been implicated in poor outcome to interventional pain procedures. The records did not show significant beneficial effects from previous interventional pain procedures. The request for trigger point impedance (TPI) localized intense neurostimulator therapy, lumbar did not meet guideline criteria. Therefore, the request is not medically necessary.