

Case Number:	CM14-0086433		
Date Assigned:	07/23/2014	Date of Injury:	03/05/2013
Decision Date:	09/17/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/10/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 patient is a 58-year-old female with a date of injury of 03/05/2013. The listed diagnoses per Dr. [REDACTED] dated 06/02/2014 are: 1. Lumbar sprain/strain. 2. Left wrist sprain/strain. 3. Left hip sprain/strain. 4. Left knee internal derangement. 5. Left knee strain/strain. 6. Left knee tenosynovitis. According to this report, the patient complains of lumbar spine, left wrist, left hip, and left knee pain. She rates her low back pain 4/10 with pain and stiffness. The patient also complains of frequent, moderate, dull, stabbing, 3/10 left wrist pain with stiffness associated with movement and lifting. The patient also complains of intermittent, moderate, dull, achy, 3/10 left hip pain and stiffness associated with prolonged walking and improving with acupuncture. She also reports frequent, moderate, dull, 2/10 left knee pain and stiffness associated with prolonged standing and prolonged walking. The patient states she no longer needs a walking cane. The objective findings show there is no bruising, swelling, atrophy, or lesion present at the lumbar spine. Toe and heel walk is intact. There is tenderness to palpation of the left gluteus and lumbar paravertebral muscles. There is muscle spasm of the lumbar paravertebral muscles. Kemp's causes pain. There is tenderness to palpation of the dorsal wrist and volar wrist. Carpal compression causes pain. There is tenderness to palpation of the lateral hip. Patrick/FABERE's is positive. McMurray's causes pain. The utilization review denied the request on 05/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point impedance imaging: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS (ODG) Official Disability Guidelines: Hyperstimulation Analgesia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Hyperstimulation analgesia Not recommended until there are higher quality studies. Initial results are promising, but only from two low quality studies sponsored by the manufacturer (Nervomatrix Ltd., Netanya, Israel). Localized manual high-intensity neurostimulation devices are applied to small surface areas to stimulate peripheral nerve endings (A β fibers), thus causing the release of endogenous endorphins. This procedure, usually described as hyperstimulation analgesia, has been investigated in several controlled studies. However, such treatments are time consuming and cumbersome, and require previous knowledge of the localization of peripheral nerve endings responsible for LBP or manual impedance mapping of the back, and these limitations prevent their extensive utilization. The new device is capable of automatically measuring skin impedance in a selected body area and, immediately afterwards, of stimulating multiple points that are targeted according to differentiation in their electrical properties and proprietary image processing algorithms with high intensity yet nonpainful electrical stimulation. The therapeutic neurostimulation pulse modulation of dense electrical pulses is applied locally to specific Active Trigger Points (ATPs) which are locations of nerve ending associated with pain, providing effective pain relief by stimulating the release of endorphins, the body's natural pain killers. The gate control theory of pain describes the modulation of sensory nerve impulses by inhibitory mechanisms in the central nervous system. One of the oldest methods of pain relief is generalized hyperstimulation analgesia produced by stimulating myofascial trigger points by dry needling, acupuncture, intense cold, intense heat, or chemical irritation of the skin. The moderate-to-intense sensory input of hyperstimulation analgesia is applied to sites over, or sometimes distant from, the pain. A brief painful stimulus may relieve chronic pain for long periods, sometimes permanently. The new device takes advantage of these same principles. Hyperstimulation analgesia with localized, intense, low-rate electrical pulses applied to painful active myofascial trigger points was found to be effective in 95% patients with chronic nonspecific low back pain, in a clinical validation study. (Gorenberg, 2013) The results of this current pilot study show that treatment with this novel device produced a clinically significant reduction in back pain in almost all patients after four treatment sessions. (Gorenberg, 2011).

Decision rationale: This patient presents with lumbar spine, left wrist, left hip, and left knee pain. The treating physician is requesting a trigger point impedance imaging. ODG guidelines do discuss impedance mapping under "hyperstimulation analgesia" section in lumbar spine chapter. ODG does not support this type of mapping or treatment due to lack of adequate evidence. For trigger point evaluation and treatments, MTUS guidelines do not discuss any specialized testing other than examination findings that include localized tenderness with a taut band and triggering response. The request is not medically necessary and appropriate.

Six (6) sessions of 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 Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle stimuatorNeuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: This patient presents with lumbar spine, left wrist, left hip, and left knee pain. The treating physician is requesting 6 sessions of localized intense neurostimulation therapy. The MTUS Guidelines page 121 on neuromuscular electrical stimulation states that it is not recommended. NMES is used primarily as a part of a rehabilitation program following stroke, and there is no evidence to support its use in chronic pain. There is no intervention trials suggesting benefits from NMES for chronic pain. The request is not medically necessary and appropriate.