

Case Number:	CM14-0096697		
Date Assigned:	07/23/2014	Date of Injury:	08/16/2013
Decision Date:	08/27/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/09/2014

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 59-year-old male was reportedly injured on August 16, 2013. The mechanism of injury is noted as a slip and fall on cables. The most recent progress note, dated April 29, 2014, indicates that there are ongoing complaints of low back pain, neck pain, and right shoulder pain. The physical examination demonstrated tenderness over the facets of the cervical spine and decreased cervical spine range of motion. Examination of the lumbar spine also noted decreased range of motion and spinous processes tenderness at L4-L5 and L5-S1. There was right-sided pain with facet loading and paraspinal muscle spasms. There was a negative straight leg raise test. The examination of the left knee revealed pain at the medial joint line and a positive McMurray's test. Muscle strength of the left lower extremity was rated at 4/5. The examination of the right shoulder noted decreased shoulder motion. And tenderness at the acromioclavicular joint as well as a glenoid capsule. There was stated to be a positive Tinel's sign on the right although it is not stated on what structure. Diagnostic imaging studies of the cervical spine show degenerative disc disease at C3-C4, C5-C6, and C6-C7 as well as cervical facet arthropathy. Previous treatment includes the use of a brace, physical therapy, and acupuncture. A request had been made for trigger point impedance imaging of the lumbar spine and localized intense neural stimulation therapy and was not medically necessary in the pre-authorization process on May 29, 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 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, Hyperstimulation Analgesia.

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 - Lumbar and Thoracic, Hyperstimulation Analgesia.

Decision rationale: Trigger point impedance imaging as a noninvasive modality, the combined simultaneous imaging and treatment to release and endogenous endorphins. This type of hyperstimulation analgesia is not recommended by the Official Disability Guidelines until there are higher quality studies available. Therefore this request for trigger point impedance imaging of the lumbar spine is not medically necessary.

Localized intense neurostimulation therapy #12: Upheld

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

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 - Lumbar and Thoracic, Hyperstimulation Analgesia.

Decision rationale: As with the request for trigger point impedance imaging of the lumbar spine, localized intense neurostimulation therapy (LINT) is another type of hyperstimulation analgesia that is not recommended by the Official Disability Guidelines until there are higher quality studies available. Therefore this request for localized intense neurostimulation therapy is not medically necessary.