Case Number:	CM14-0099712		
Date Assigned:	07/30/2014	**Date of Injury:**	03/24/2011
Decision Date:	12/16/2014	**UR Denial Date:**	05/29/2014
Priority:	Standard	**Application Received:**	06/30/2014

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 Family medicine, and is licensed to practice in Ohio. 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 injured worker is a 64 year old female with a date of injury of 3-24-11 when she fell in a parking lot onto her hands and knees. This resulted in knee and wrtist pain bilaterally but also aggravated an old back injury which dates back to at least 2004. She has been diagnosed with bilateral wrsist sprains, left sided carpal tummel syndrome, sprain/strain lumbar spine, internal derangement both knees, lumbar disc disease, lumbar spinal stenosis, lumbar facet disease, thoracic/lumbar radiculitis, and sleep apnea. With regard to her low back symptoms she has been treated with medications, physical therapy, chiropractic care, acupuncture, fluid orthosis, and 6 sessions of localized intense neural stimulation therapy preceded by trigger point impedance mapping. The stated goal of the LINT therapy was to increase range of motion of the lumbar spine and to improve activities of daily living. With respect to the lumbar spine, the physical exam reveals tenderness to palpation and spasm diffusely, a positive straight leg raise, and a positive Kemp's test bilaterally.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines percutaneous electrical nerve stimulation Page(s): 97.

Decision rationale: Not recommended as a primary treatment modality, but a trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, after other non-surgical treatments, including therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated. There is a lack of high quality evidence to prove long-term efficacy. Percutaneous electrical nerve stimulation (PENS) is similar in concept to transcutaneous electrical nerve stimulation (TENS) but differs in that needles are inserted to a depth of 1 to 4 cm either around or immediately adjacent to the nerve serving the painful area and then stimulated. PENS is generally reserved for patients who fail to get pain relief from TENS, apparently due to obvious physical barriers to the conduction of the electrical stimulation (e.g., scar tissue, obesity). PENS must be distinguished from acupuncture with electrical stimulation. In PENS the location of stimulation is determined by proximity to the pain. This RCT concluded that both PENS and therapeutic exercise for older adults with chronic low back pain significantly reduced pain. In this instance, the injured worker has completed 6 sessions of LINT therapy. Follow-up progress notes from the treating physician do not indicate any improvements in functionality, pain, or lumbar ranges of motion. On March 24, 2014 lumbar range of motion remained severely reduced after completion of LINT treatment with flexion at 15, extension at 10, and lateral bending at 15. Therefore, because in essence this therapeutic trial failed to achieve the stated goals, an additional 3 sessions of LINT treatment is not necessary medically. Consequently, the preceding trigger point impedance imaging is also not medically necessary.

Localized intense neurostimulation therapy times 3: 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 percutaneous electrical nerve stimulation Page(s): 97.

Decision rationale: Not recommended as a primary treatment modality, but a trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, after other non-surgical treatments, including therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated. There is a lack of high quality evidence to prove long-term efficacy. Percutaneous electrical nerve stimulation (PENS) is similar in concept to transcutaneous electrical nerve stimulation (TENS) but differs in that needles are inserted to a depth of 1 to 4 cm either around or immediately adjacent to the nerve serving the painful area and then stimulated. PENS is generally reserved for patients who fail to get pain relief from TENS, apparently due to obvious physical barriers to the conduction of the electrical stimulation (e.g., scar tissue, obesity). PENS must be distinguished from acupuncture with electrical stimulation. In PENS the location of stimulation is determined by proximity to the pain. This RCT concluded that both PENS and therapeutic exercise for older adults with chronic low back pain significantly reduced pain. In this instance, the injured worker has completed 6 sessions of LINT therapy. Follow-up progress notes from the treating physician do not indicate

any improvements in functionality, pain, or lumbar ranges of motion. On March 24, 2014 lumbar range of motion remained severely reduced after completion of LINT treatment with flexion at 15, extension at 10, and lateral bending at 15. Therefore, because in essence this therapeutic trial failed to achieve the stated goals, an additional 3 sessions of LINT treatment is not necessary medically.

Referral medicine doctor for consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations Chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, page(s) 127

Decision rationale: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The primary treating physician in this instance had been managing the pain of this injured worker. The injured worker was being managed with opioids, tricyclic antidepressants, and benzodiazepines along with topical analgesics. In spite of this, the injured worker was not making any gains in terms of pain relief for improved functionality. Consequently, the primary treating physician has requested a referral to a pain management physician to assist. This request is medically appropriate and necessary in consideration of the cited guidelines.