

Case Number:	CM14-0191061		
Date Assigned:	11/24/2014	Date of Injury:	09/26/2013
Decision Date:	01/09/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/17/2014

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 Internal Medicine and Pulmonary Diseases 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 injured worker is a 52-year-old male with a reported date of injury on 09/26/2013. The mechanism of injury reportedly occurred when the injured worker slipped and fell while stepping off a plastic crate. The injured worker's diagnosis includes thoracolumbar musculoligamentous sprain/strain, right hand/wrist sprain, coccyx contusion, numbness, tingling, and radiating pain. The MRI of the lumbar spine, dated 08/12/2014, was noted to reveal straightening of the lumbar lordotic curvature and limited range of motion of the flexion and extension positions. The MRI of the thoracic spine, dated 08/12/2014, revealed straightening of the thoracic kyphotic curvature with decreased range of motion at flexion and extension. Trigger impedance imaging was performed on 10/27/2014. The X-rays of the low back/coccyx in 2013 revealed small fracture of the coccyx. The injured worker was given injection for the pain and was provided with lumbar support. Other treatments were also noted to include physical therapy, activity modification, and the injured worker indicated that physical therapy has diminished the upper back, low back, and right hip pain. The injured worker presents with complaints of pain in the upper back rated at 2-3/10. Pain is located between the shoulder blades and does not radiate up or down the spine. Injured worker also complains of pain in the bilateral upper extremities at times, more so in the right upper extremity than the left. In addition, the injured worker indicates that the bilateral upper extremities go numb, tingle, and feel weak, the right upper extremity more than the left. Physical exam of the cervical spine revealed normal overall alignment. There is no outward atrophy. Overall posture was evaluated and there was no significant scoliosis. Motor strength in the upper extremities was rated at 5/5, grip strength normal, normal sensation, and reflexes noted to be within normal limits. The left shoulder range of motion revealed to be within normal limits, and right to be within normal limits, except for flexion to 160 degrees and abduction to 160 degrees. The injured worker presented negative for instability bilaterally. Range of motion

to the elbows was within normal limits. Wrist range of motion revealed left to be within normal limits, and right to be within normal limits, except for flexion to 50 degrees and extension to 50 degrees. Injured worker presented with negative orthopedic exams throughout. The lumbar spine motor strength rated at 5/5, sensation intact to light touch, and the physician indicated that straight leg raise caused low back pain. Lumbar spine range of motion revealed sacral flexion to 45 degrees, lumbar flexion to 30 degrees, and extension from neutral position to 15 degrees, right lateral bending to 15 degrees, and left lateral bending to 20 degrees. Hip range of motion revealed to be within normal limits bilaterally. Knee range of motion to be within normal limits bilaterally, with negative orthopedic signs and deep reflexes all within normal limits. Ankle range of motion noted within normal limits bilaterally. Clinician indicated that, based on the AMA Guidelines Evaluation of Permanent Impairment, the injured worker has decreased flexion and extension which corresponds to a 4% upper extremity impairment and converts to a 2% whole person impairment. The plan of care includes EMG/nerve conduction studies of the lower extremities requested. The Request for Authorization for decision for Trigger Point Impedance Imaging TPII: 1/to the thoracic spine; one (1) time a week for six to twelve (6-12) weeks and 2/to lumbar spine; one (1) time a week for six to twelve (6-12) weeks and Localized Intense Neurostimulation Therapy, LINT: 1/to the thoracic spine; one (1) times a week for six to twelve (6-12) weeks and 2/to the lumbar spine; one (1) time a week for six to twelve (6-12) weeks was submitted on 11/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Impedance Imaging TPII: 1/to the thoracic spine; one (1) time a week for six to twelve (6-12) weeks and 2/to lumbar spine; one (1) time a week for six to twelve (6-12) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Hyperstimulation Analgesia.

Decision rationale: The California MTUS/ACOEM Guidelines do not address the request. The Official Disability Guidelines do not recommend hyperstimulation analgesia until there are higher quality studies. Initial results are promising, but only for 2 low quality studies sponsored by the manufacturer. Localized manual high intensity Neurostimulation devices are applied to small surface areas to stimulate peripheral nerve endings, 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 low back pain or manual impedance mapping of the back, and these limitations prevent their extensive utilization. The clinical information provided for review indicates the patient underwent the procedure in 10/2014. There is a lack of documentation related to the therapeutic and functional benefit and the increase in function provided by the procedure. In

addition, the guidelines do not recommend hyperstimulation analgesia. Therefore, the request for Trigger Point Impedance Imaging TPII: 1/to the thoracic spine; one (1) time a week for six to twelve (6-12) weeks and 2/to lumbar spine; one (1) time a week for six to twelve (6-12) weeks is not medically necessary.

Localized Intense Neurostimulation Therapy, LINT: 1/to the thoracic spine; one (1) times a week for six to twelve (6-12) weeks and 2/to the lumbar spine; one (1) time a week for six to twelve (6-12) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Hyperstimulation Analgesia

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