

<b>Case Number:</b>	CM14-0049082		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	06/27/2011
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This 51 year old female was injured on June 27, 2011. She was performing her normal work duties when she fell on the floor. Diagnoses include lumbar disc protrusion, lumbar radiculopathy, rotator cuff tear, right shoulder impingement syndrome, right shoulder pain, right shoulder sprain/strain, status post surgery right shoulder, right elbow sprain/strain, right lateral epicondylitis, right carpal sprain/strain, right hip sprain/strain, right knee internal derangement, disruption of sleep cycle, loss of sleep, sleep disturbance, anxiety, depression, irritability and nervousness. Currently, she complains of low back, right shoulder, right elbow, right wrist, right hip, right knee and right ankle pain. Complaints also include sleep depression, anxiety and irritability. Range of motion with lumbar spine was grossly limited in all planes with tenderness, spasm and positive orthoipedic testing. There was tenderness and spasm as well as limited range of motion noted for the right shoulder. Range of motion for the right elbow was full with pain, tenderness and muscle spasms. Range of motion for the right wrist was reported as limited in flexion and extension with tenderness, spasm and positive Tinel's and Phalen's. Tenderness and spasm were also in the right hip, right knee and right ankle. Treatment plans included medication, acupuncture and localized intense nervous stimulation therapy. A request was made for trigger point impedance, localized intense neurostimulation therapy 1x for 6-12 weeks. On February 25, 2014, utilization review denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Impedance (TP II): 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 Transcutaneous Therapy Page(s): 120.

**Decision rationale:** Trigger Point Impedance is required for Localized intense neuro-stimulation therapy (LINT). Localized intense neuro-stimulation therapy (LINT) is analogous to micro-current electrical stimulation. According to the guidelines cited above, "Not recommended. Based on the available evidence conclusions cannot be made concerning the effect of Microcurrent Stimulation Devices (MENS) on pain management and objective health outcomes. MENS is characterized by sub-sensory current that acts on the body's naturally occurring electrical impulses to decrease pain and facilitate the healing process. MENS differs from TENS in that it uses a significantly reduced electrical stimulation." The medical documentation does not mention any specific considerations or why LINT should be approved in this case over the various recommended therapies. Therefore, LINT is not medically necessary. Since LINT is not medically necessary (see next decision), the request for Trigger Point Impedance is also not medically necessary.

**Localized Intense Neurostimulation Therapy:** 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 Transcutaneous Therapy Page(s): 120.

**Decision rationale:** Localized intense neuro-stimulation therapy (LINT) is analogous to micro-current electrical stimulation. According to the guidelines cited above, "Not recommended. Based on the available evidence conclusions cannot be made concerning the effect of Microcurrent Stimulation Devices (MENS) on pain management and objective health outcomes. MENS is characterized by sub-sensory current that acts on the body's naturally occurring electrical impulses to decrease pain and facilitate the healing process. MENS differs from TENS in that it uses a significantly reduced electrical stimulation." The medical documentation does not mention any specific considerations or why LINT should be approved in this case over the various recommended therapies. Therefore, the request for LINT is not medically necessary.