

Case Number:	CM15-0167022		
Date Assigned:	09/04/2015	Date of Injury:	10/15/1998
Decision Date:	10/07/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/25/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 60 year old female, who sustained an industrial injury on 10-15-1998. She reported injury to the neck, shoulders, upper back and hands while transferring an individual. Diagnoses include status post bilateral carpal tunnel release, cervical disc desiccation and bulging with stenosis, left trigger thumb, status post right trigger finger release, and right long digit triggering. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, she complained of ongoing pain in the neck, upper back, bilateral shoulders, and bilateral hands. On 7-30-15, the physical examination documented tenderness in cervical region, thoracic region, bilateral shoulders and hands. The appeal requested authorization for trigger points impedance imaging followed by localized intense neurostimulation therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Points Impedance Imaging Followed by Localized Intense Neurostimulation Therapy:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The patient is a 60 year old female with an injury on 10/15/1998. While transferring a patient she had neck, bilateral shoulder, upper back and bilateral hand pain. On 07/30/2015, she had cervical, thoracic, bilateral shoulder and bilateral hand tenderness. MTUS, ACOEM notes that neurostimulation is not a recommended treatment. Thus, the impedance imaging for neurostimulation therapy is not medically necessary.