

Case Number:	CM15-0027165		
Date Assigned:	02/19/2015	Date of Injury:	03/05/2014
Decision Date:	04/06/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/12/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old female, who sustained an industrial injury on 3/5/14. The injured worker has complaints of neck, low back and cervical spine pain that radiates down the left leg and foot. The low back pain is associated with weakness and tingling; left shoulder pain is associated with weakness, numbness and tingling in the arm and hand; left upper arm pain is associated with weakness, numbness and tingling in the arm and hand; left hand pain with weakness, numbness and tingling in the arm and hand; left hip pain associated with numbness and left knee pain associated with numbness. The diagnoses have included cervical spine sprain/strain; lumbar spine sprain/strain and left shoulder sprain/strain. According to the utilization review performed on 2/12/15, the requested Trigger Point Impedance Imaging, 1 time a week for 6 weeks to the Lumbar Spine and Localized Intense Neurostimulation Therapy, 1 time a week for 6 weeks to the Lumbar Spine has been non-certify. Official Disability Guidelines, low back, hyperstimulation analgesia; CA MTUS Chronic Pain Medical Treatment Guidelines Trigger Point Injections were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Impedance Imaging, 1 time a week for 6 weeks to the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122.

Decision rationale: According to the 07/26/2014 hand written report, this patient complains of a 7/10 constant, sharp neck pain, 6/10 left shoulder pain, 6/10 low back pain, and 7/10 left elbow pain. The current request is for Trigger Point Impedance Imaging, 1 time a week for 6 weeks to the Lumbar Spine but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 07/26/2014 and the utilization review letter in question is from 02/12/2015. The patient's work status was not mentioned in the provided reports. Regarding trigger points, MTUS recommends injections if examination findings show tenderness with taut band and referred pain. In this case, the physical examination does not show trigger points that have taut band and referred pain pattern as MTUS guidelines require for trigger point injections. The request IS NOT medically necessary.

Localized Intense Neurostimulation Therapy, 1 time a week for 6 weeks to the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter under Hyperstimulation analgesia.

Decision rationale: According to the 07/26/2014 hand written report, this patient complains of 7/10 constant, sharp neck pain, 6/10 left shoulder pain, 6/10 low back pain, and 7/10 left elbow pain. The current request is for Localized Intense Neurostimulation Therapy, 1 time a week for 6 weeks to the Lumbar Spine. Regarding Hyperstimulation analgesia, ODG guidelines states "Not recommended until there are higher quality studies." In this case, the requested Localized Intense Neurostimulation Therapy is not supported by the guidelines. Therefore, the current request IS NOT medically necessary.