

Case Number:	CM15-0032275		
Date Assigned:	02/25/2015	Date of Injury:	09/20/2014
Decision Date:	04/03/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/20/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 38 year old female, who sustained an industrial injury on 09/20/2014. She has reported pain in the neck and lower back. The diagnoses have included cervical spine sprain/strain; headaches; thoracic sprain/strain; lumbar sprain/strain; and lumbar radiculopathy. Treatment to date has included medications, acupuncture, and physical therapy. Medications have included Fanatrex, Depzizine, Tabradol, and Synapryn. A progress note from the treating physician, dated 12/08/2014, documented a follow-up visit with the injured worker. The injured worker reported headache; and pain in the neck, bilateral wrists, mid back, low back, bilateral knees, and bilateral ankles, with muscle spasms. Objective findings included tenderness to palpation of the cervical spine, bilateral wrists, bilateral knees, bilateral ankles, thoracic spine, and lumbar spine; and decreased ranges of motion. Request is being made for Trigger point impedance imaging and localized intense neurostimulation therapy once a week for six to nine weeks to the lumbar and thoracic spine. On 01/21/2015 Utilization Review noncertified a prescription for Trigger point impedance imaging and localized intense neurostimulation therapy once a week for six to nine weeks to the lumbar and thoracic spine. The CA MTUS and the ODG were cited. On 01/27/2015, the injured worker submitted an application for IMR for review of a prescription for Trigger point impedance imaging and localized intense neurostimulation therapy once a week for six to nine weeks to the lumbar and thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point impedance imaging and localized intense neurostimulation therapy once a week for six to nine weeks to the lumbar and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation Page(s): 97. Decision based on Non-MTUS Citation Official Disability Guidelines Lumbar and Thoracic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines neuromuscular stimulation Page(s): 121.

Decision rationale: The California MTUS section on neuromuscular stimulation states: Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. (Moore, 1997) (Gaines, 2004) The scientific evidence related to electromyography (EMG)-triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program. Neuromuscular Electrical Stimulation Devices (NMES), NMES, through multiple channels, attempts to stimulate motor nerves and alternately causes contraction and relaxation of muscles, unlike a TENS device which is intended to alter the perception of pain. NMES devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range-of-motion, and re-educate muscles. Functional neuromuscular stimulation (also called electrical neuromuscular stimulation and EMG-triggered neuromuscular stimulation) attempts to replace stimuli from destroyed nerve pathways with computer-controlled sequential electrical stimulation of muscles to enable spinal cord- injured or stroke patients to function independently, or at least maintain healthy muscle tone and strength. Also used to stimulate quadriceps muscles following major knee surgeries to maintain and enhance strength during rehabilitation. (BlueCrossBlueShield, 2005) (Aetna, 2005)The requested service is not recommended in the treatment of chronic pain. Therefore the request is not certified.