MAXIMUS Federal Services

Case Number:	CM15-0047534		
Date Assigned:	03/19/2015	Date of Injury:	07/15/2011
Decision Date:	05/11/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/12/2015

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 40 year old male, who sustained an industrial injury on 7/15/2011. He reported injury of his low back. The injured worker was diagnosed as having cervical sprain/strain, lumbar radiculopathy, right knee sprain/strain, and left knee sprain/strain. Treatment to date has included trigger point impedance imaging, medications, lumbar epidural steroid injections, physical therapy, aquatic therapy, acupuncture, and chiropractic therapy. The request is for authorization of trigger point impedance localized intense neurostimulation therapy for sprains and strains of the lumbar spine. A QME report dated 11/4/2014 indicates current complaints of pain in the neck, low back and bilateral knees. The future medical care recommendations included: medications, physiotherapy, trigger point injections, and epidural injections. The records indicate trigger point injections and a trial of 2 epidural injections have only provided temporary pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point impedence localized intense neurostimulation therapy 1 x week for 6 weeks for sprains and strains of lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines, Hyper-stimulation Analgesics.

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, Hyperstimulation analgesia.

Decision rationale: Based on the 10/29/14 progress report provided by treating physician, the patient presents with low back pain rated 7/10. The request is for Trigger Point Impedance Localized Intense Neurostimulation Therapy 1x Week For 6 Weeks For Sprains And Strains Of Lumbar. RFA not provided. Patient's diagnosis on 10/29/14 included lumbar radiculopathy, cervical sprain/strain, right and left knee sprain/strain. Treatment to date has included trigger point impedance imaging, medications, lumbar epidural steroid injections, physical therapy, aquatic therapy, acupuncture, and chiropractic therapy. The records indicate trigger point injections and a trial of 2 epidural injections have only provided temporary pain relief. Patient's work status is not available. The MTUS and ACOEM Guidelines do not address this request. However, ODG Low Back Chapter under Hyper stimulation analgesia states: Not recommended until there are higher quality studies. Initial results are promising, but only from two low quality studies. Treater has not provided reason for the request. Nonetheless, ODG guidelines state that localized intense neurostimulation therapy is not recommended due to insufficient quality studies to support the therapy. Therefore, the request for localized intense neurostimulation therapy Is Not medically necessary.