

Case Number:	CM15-0053783		
Date Assigned:	03/27/2015	Date of Injury:	12/05/2011
Decision Date:	05/05/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/20/2015

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: New Jersey, Michigan, California

Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 (IW) is a 60-year-old female who sustained an industrial injury on 12/05/2011. She reported pain in the lower back and legs. The injured worker was diagnosed as having lumbar radiculopathy, herniated lumbar disc, pain-related insomnia, myofascial syndrome, neuropathic pain. Treatment to date has included medications, activity modification, chiropractic care, physical therapy, and epidural steroid injection. She is receiving care with a pain management specialist. Currently, the injured worker complains of pain in the right groin radiating down the front of the right leg, pain in the right knee and burning pain in the bottom of both feet with occasional pain at the base of the tailbone. The plan for treatment included refills of oral and topical medications and matrix treatment 3.2 for the low back. A request for authorization for Matrix treatment 3 x 2 weeks for low back is submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Matrix treatment 3 x 2 weeks for low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Hyper stimulation analgesia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hyperstimulation analgesia. <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, hyper stimulation analgesia "Not recommended until there are higher quality studies. Initial results are promising, but only from two low quality studies sponsored by the manufacturer ([REDACTED]). Localized manual high-intensity neurostimulation devices are applied to small surface areas to stimulate peripheral nerve endings (A fibers), thus causing the release of endogenous endorphins. This procedure, usually described as hyper stimulation analgesia, has been investigated in several controlled studies. However, such treatments are time consuming and cumbersome, and require previous knowledge of the localization of peripheral nerve endings responsible for LBP or manual impedance mapping of the back, and these limitations prevent their extensive utilization. The new device is capable of automatically measuring skin impedance in a selected body area and, immediately afterwards, of stimulating multiple points that are targeted according to differentiation in their electrical properties and proprietary image processing algorithms with high intensity yet non-painful electrical stimulation. The therapeutic neurostimulation pulse modulation of dense electrical pulses is applied locally to specific Active Trigger Points (ATPs) which are locations of nerve ending associated with pain, providing effective pain relief by stimulating the release of endorphins, the body's natural painkillers. The gate control theory of pain describes the modulation of sensory nerve impulses by inhibitory mechanisms in the central nervous system. One of the oldest methods of pain relief is generalized hyper stimulation analgesia produced by stimulating myofascial trigger points by dry needling, acupuncture, intense cold, intense heat, or chemical irritation of the skin. The moderate-to-intense sensory input of hyper stimulation analgesia is applied to sites over, or sometimes distant from, the pain. A brief painful stimulus may relieve chronic pain for long periods, sometimes permanently. The new device takes advantage of these same principles. Hyper stimulation analgesia with localized, intense, low-rate electrical pulses applied to painful active myofascial trigger points was found to be effective in 95% patients with chronic nonspecific low back pain, in a clinical validation study. (Gorenberg, 2013) The results of this current pilot study show that treatment with this novel device produced a clinically significant reduction in back pain in almost all patients after four treatment sessions." (Gorenberg, 2011) Although the patient developed chronic back pain, there is no high quality studies supporting the use of Hyper stimulation analgesia for pain management. ODG guidelines do not recommend the use of Hyper stimulation analgesia for back pain. Therefore, the request for Matrix treatment 3 x 2 weeks for low back is not medically necessary.