MAXIMUS Federal Services

Case Number:	CM15-0092358		
Date Assigned:	07/16/2015	Date of Injury:	10/12/2012
Decision Date:	08/17/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/13/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 66 year old male who sustained an industrial injury on 10/12/2012. He reported a slip and fall accident where he landed on his right side and had immediate resultant hip pain in the right hip. The injured worker was diagnosed as having a fracture of his right hip, lumbar sprain/strain, lumbar muscle spasms, right knee chondromalacia, right knee internal derangement, left knee chondromalacia, and left knee internal derangement. Treatment to date has included x-rays, medication, chiropractic care and surgery. Currently, the injured worker complains of constant achy low back pain that is aggravated by walking. The right hip has constant moderate achy right hip pain and is aggravated by walking. The patient complains of constant moderate achy bilateral knee pain. On examination, there is slight decrease in lumbar spine flexion with tenderness to palpation and muscle spasm of the lumbar paravertebral muscles. The right hip has a healed posterolateral incision. Flexion is 100/110 degrees; otherwise, all other range of motion is normal. Examination of the right and left knees is equal with no bruising, swelling, atrophy or lesions. There is tenderness to palpation and muscle spasm of both anterior knees. Posterior drawer sign is negative, and anterior drawer sign is negative. The treatment plan includes continuation of oral medications and continuation of acupuncture for 8 more visits. A request for authorization is made for the following: Extracorporeal Shock Wave Therapy Sessions, unspecified quantity 1. 8 acupuncture sessions for the lumbar spine and right hip 2. Trigger Point Impedance Imaging 3. Localized intense neurostimulation therapy sessions, quantity unspecified

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shock Wave Therapy Sessions, unspecified quantity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Acute and Chronic, Extracorporeal Shock Wave Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Extracorporeal Shockwave Therapy.

Decision rationale: The MTUS is silent on the use of extracorporeal shockwave therapy (ESWT). With regard to ESWT, the ODG TWC states: "Not recommended. High energy ESWT is not supported, but low energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended. Trials in this area have yielded conflicting results." As the requested treatment is not recommended by the guidelines, it is not medically necessary.

Trigger Point Impedance Imaging: 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, Lumbar and Thoracic, Acute and Chronic, Trigger Point Impedance imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Trigger Point Impedance Imaging.

Decision rationale: The MTUS is silent on the use of trigger point impedance imaging. Per the ODG guidelines with regard to trigger point impedance imaging: "Not recommended. See Hyperstimulation analgesia. The Nervomatrix device combines trigger point impedance imaging with hyperstimulation analgesia." Regarding Hyperstimulation analgesia: "Not recommended until there are higher quality studies. Initial results are promising, but only from two low quality studies sponsored by the manufacturer (Nervomatrix Ltd., Netanya, Israel). Localized manual high-intensity neurostimulation devices are applied to small surface areas to stimulate peripheral nerve endings (A d fibers), thus causing the release of endogenous endorphins. This procedure, usually described as hyperstimulation 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." As the requested treatment is not recommended by the guidelines, the request is not medically necessary.

Localized intense neurostimulation therapy sessions, quantity unspecified: 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, Lumbar and Thoracic, Acute and Chronic, Hyperstimulation Analgesia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Localized High-intensity Neurostimulation Therapy.

Decision rationale: The MTUS is silent on localized instant neurostimulation therapy.Per the ODG guidelines, localized high-intensity neurostimulation is not recommended. It states to see under Hyperstimulation analgesia. With regard to Hyperstimulation analgesia, the ODG states: Not recommended until there are higher quality studies. Initial results are promising, but only from two low quality studies sponsored by the manufacturer (Nervomatrix Ltd., Netanya, Israel). Localized manual high-intensity neurostimulation devices are applied to small surface areas to stimulate peripheral nerve endings (A d fibers), thus causing the release of endogenous endorphins. This procedure, usually described as hyperstimulation 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. As the requested treatment is not recommended, it is not medically necessary.