

Case Number:	CM14-0002141		
Date Assigned:	01/29/2014	Date of Injury:	04/12/2010
Decision Date:	06/16/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/07/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 36 year-old female who sustained injuries to her low back and bilateral feet on 04/12/10. The mechanism of injury was not documented. It was reported that the injured worker had chronic back pain with left leg radiculopathy. Nerve root impingement was noted on MRI and the electrodiagnostic study was positive. The patient was seen for an orthopedic evaluation, but not indicated as a surgical candidate. The treatment to date included chiropractic, physical therapy, medications, and lumbar epidural steroid injections. The patient was absent from work for an extended period of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT IMPEDANCE IMAGING (TPII): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

Decision rationale: The request for trigger point impedance imaging is not medically necessary. There was no indication that the patient has been diagnosed with chronic regional pain syndrome

or reflex sympathetic dystrophy. The California Medical Treatment Utilization Schedule (CAMTUS) states that treatment with trigger point injections is recommended only for myofascial pain syndrome and with limited lasting value. Trigger point injections are not recommended for radicular pain. These injections may occasionally be necessary to maintain function in those with myofascial problems or myofascial trigger points are present on examination. The treatment with trigger point injections is not recommended for typical back pain or neck pain. For fibromyalgia syndrome, trigger point injections have not been proven effective peer given the clinical documentation submitted for review, medical necessity of the request for trigger point impedance imaging has not been established.

LOCALIZED INTENSE NEUROSTIMULATION THERAPY (LINT), LUMBAR SPINE, ONCE A WEEK FOR SIX TO TWELVE WEEKS.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NEUROMUSCULAR ELECTRICAL STIMULATION (NMES DEVICES).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NEUROMUSCULAR ELECTRICAL STIMULATION (NMES DEVICES) Page(s): 121.

Decision rationale: The request for localized intense neurostimulation therapy (LINT), lumbar spine, once a week for six to twelve weeks is not medically necessary. The California Medical Treatment Utilization Schedule states that treatment with Neuromuscular Electrical Stimulation (NMES) devices is not recommended. Neuromuscular Electrical Stimulation 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 chronic pain. There was no indication that the patient is post-stroke. Given the clinical documentation submitted for review, medical necessity of the request for Localized Intense Neurostimulation Therapy (LINT), to the lumbar spine, once a week for six to twelve weeks has not been established.

PODIATRY CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES., CHAPTER 7: INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Office Visits.

Decision rationale: The request for podiatry consultation is not medically necessary. The Official Disability Guidelines state that the need for clinical office visit with a healthcare professional is individualized based upon review of the patient concerns, signs, and symptoms, clinical stability, and reasonable physician judgement; however, there was no information provided that would indicate the need for podiatry consultation. The patient has already been referred to an orthopedic specialist and there is no additional information provided that would

support referral to a podiatrist. Given the clinical documentation submitted for review, medical necessity of the request for podiatry consultation has not been established.

FOLLOW UP PHARMAGOLOGICAL MANAGEMENT.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES., CHAPTER 7: INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visits.

Decision rationale: The request for follow-up pharmacological management is not medically necessary. The Official Disability Guidelines state that the need for clinical office visit with a healthcare professional is individualized based upon review of the patient concerns, signs, and symptoms, clinical stability, and reasonable physician judgement; however, there was no information provided that would indicate the patient has been abusing her prescription medications or is at high risk for abusing any other illicit substances. Given the clinical documentation submitted for review, medical necessity of the request for follow-up pharmacological management has not been established.