

Case Number:	CM14-0119872		
Date Assigned:	09/16/2014	Date of Injury:	02/10/2010
Decision Date:	10/29/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/30/2014

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 Pain Medicine, has a subspecialty in Physical Medicine & Rehabilitation and Electrodiagnostic Medicine and is licensed to practice in California. 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 male who was injured on February 10, 2010 while working as a head housekeeper. The mechanism of injury was moving furniture. The diagnoses listed as pain in thoracic spine (724.1). The most recent progress note dated 6/18/14, reveals complaints of cervical spine pain, thoracic spine, and lumbar spine. Cervical spine pain is rated a 6 out of 10 on visual analog scale (VAS), thoracic spine pain is rated a 4 out of 10 on VAS, lumbar spine rated a 7 out of 10, bilateral wrists a 5 out of 10, and bilateral knees a 4 out of 10. Pain decreased with pain medications, increased pain with forceful activity was noted. Physical examination revealed positive numbness, tingling, paresthesias, bilateral knee mild swelling 0 to 110 range of motion, lumbar spine tenderness to palpation paraspinal muscles. Prior treatment includes cervical pillow, physiotherapy, medications, bilateral hip surgery, epidural block at C6 to C7, L4 to L5 left microdecompression with laminectomy, discectomy, medial facetectomy, and foraminotomy; left hemi laminectomy, inferior lamina of L4, left hemilaminectomy, superior lamina of L5, epidural injection left L4 to L5 interspace. A prior utilization review determination dated 7/23/14 resulted in denial of trigger point impedance imaging (thoracic spine) quantity twelve, localized intense neurostimulation therapy quantity twelve (thoracic spine), trigger point impedance imaging (lumbar spine) quantity twelve, localized intense neurostimulation therapy quantity twelve (lumbar spine), electromyography (EMG) upper right extremity, EMG upper left extremity, nerve conduction velocity (NCV) upper left extremity, NCV upper right extremity, urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point impedance imaging (thoracic spine) quantity: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

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.

Decision rationale: Per ODG, Trigger point impedance imaging (TPII) is not recommended until there are higher quality studies. Localized manual high-intensity neurostimulation devices are applied to small surface areas to stimulate peripheral nerve endings (fibers), thus causing the release of endogenous endorphins. Nonetheless, there is no evidence of trigger points criteria, as described by CA MTUS guidelines, are being met. These criteria are :(1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. Therefore, the request for the Trigger point impedance imaging is not medically necessary per guidelines and due to lack of documentation.

Localized intense neurostimulation therapy Quantity: 12 (thoracic spine): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, and National Guidelines Clearinghouse.

Decision rationale: The CA MTUS, Official Disability Guidelines, and National Guidelines Clearinghouse do not provide any evidence-based recommendations and no scientific literature addresses this request. LINT is not discussed in the MTUS or medical treatment guidelines. There is scientific evidence establishing the efficacy of this intervention as a form of treatment for any condition. This request is considered experimental, and there is no documentation that provides description of what this procedure is, or how it is intended to cure or relieve the patient's back or right shoulder complaint. Consequently, the request is not deemed appropriate or medically necessary.

Trigger point impedance imaging (Lumbar spine) Quantity: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

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.

Decision rationale: Per ODG, Trigger point impedance imaging (TPII) is not recommended until there are higher quality studies. Localized manual high-intensity neurostimulation devices are applied to small surface areas to stimulate peripheral nerve endings (fibers), thus causing the release of endogenous endorphins. Nonetheless, there is no evidence of trigger points criteria, as described by CA MTUS guidelines, are being met. These criteria are :(1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. Therefore, the request for the Trigger point impedance imaging is not medically necessary per guidelines and due to lack of documentation.

Localized intense neurostimulation therapy (LINT) Quantity: 12 (Lumbar spine): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, and National Guidelines Clearinghouse.

Decision rationale: The CA MTUS, Official Disability Guidelines, and National Guidelines Clearinghouse do not provide any evidence-based recommendations and no scientific literature addresses this request. LINT is not discussed in the MTUS or medical treatment guidelines. There is scientific evidence establishing the efficacy of this intervention as a form of treatment for any condition. This request is considered experimental, and there is no documentation that provides description of what this procedure is, or how it is intended to cure or relieve the patient's back or right shoulder complaint. Consequently, the request is not deemed appropriate or medically necessary.

EMG-upper right extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck

Decision rationale: According to the CA MTUS/ACOEM, "Appropriate Electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. As per ODG, EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. An EMG is not necessary for the diagnosis of intervertebral disk disease with radiculopathy; rather, its value lies in differentiating other types of neuritis, neuropathy, or muscle abnormalities from radicular neuropathy and for cases where the etiology of the pain is not clear. In this case, no reason has been specified for this request.

Furthermore, there is no clinical evidence of radiculopathy, CTS or other forms of neuropathy in the upper extremities. The medical necessity of the request has not been established.

EMG-upper left extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck

Decision rationale: According to the CA MTUS/ACOEM, "Appropriate Electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. As per ODG, EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. An EMG is not necessary for the diagnosis of intervertebral disk disease with radiculopathy; rather, its value lies in differentiating other types of neuritis, neuropathy, or muscle abnormalities from radicular neuropathy and for cases where the etiology of the pain is not clear. In this case, no reason has been specified for this request. Furthermore, there is no clinical evidence of radiculopathy, CTS or other forms of neuropathy in the upper extremities. The medical necessity of the request has not been established.

NCV-upper left extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

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

Decision rationale: As per ODG, NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. In this case, no reason has been specified for this request. Furthermore, there is no clinical evidence of radiculopathy, CTS or other forms of neuropathy in the upper extremities. The medical necessity of the request has not been established.

NCV-upper right extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

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

Decision rationale: As per ODG, NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. In this case, no reason has been specified for this request. Furthermore, there is no clinical evidence of radiculopathy, CTS or other forms of neuropathy in the upper extremities. The medical necessity of the request has not been established.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Screening.

Decision rationale: As per CA MTUS guidelines and ODG, urine drug screening is recommended to assess for the use or the presence of illegal drugs and to monitor compliance with prescribed substances. As per ODG, patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there is no evidence of non-compliance or any addiction/aberrant behavior. Furthermore, there is no information with respect to previous urine drug tests, i.e. test dates & results. Thus, the request for a urine drug screen is not medically necessary in accordance to guidelines and due to lack of documentation.