

Case Number:	CM14-0127098		
Date Assigned:	08/13/2014	Date of Injury:	05/09/2011
Decision Date:	10/07/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/11/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 9, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of extracorporeal shockwave therapy; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a utilization review report dated July 29, 2014, the claims administrator denied a request for trigger point impedance imaging and associated localized intense neurostimulation therapy. The applicant's attorney subsequently appealed. In a March 3, 2014 progress note, the applicant presented reporting multifocal complaints of knee and shoulder pain. Corticosteroid injection therapy and MRI imaging of the several body parts was sought. The applicant received a right shoulder corticosteroid injection. On July 3, 2014, the applicant received localized intense neurostimulation therapy (LINT), based on the results of trigger point impedance imaging. The applicant underwent a functional capacity evaluation on June 27, 2014. In a handwritten note dated May 21, 2014, difficult to follow, not entirely legible, the applicant reported multifocal low back, neck, wrist, elbow, shoulder, hip, and knee pain. Localized intense neurostimulation therapy and MRI imaging of numerous body parts was sought. The applicant did not appear to be working with limitations in place. The localized intense neurostimulation therapy and associated trigger point impedance imaging were again sought on July 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Imedance Imaging 1x a week for 6-12 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Third Edition, Chronic Pain Chapter, Diagnostic Testing Section..

Decision rationale: Trigger point impedance imaging represents a form of thermography. The MTUS does not specifically address the topic of thermography. However, as noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, thermography is "not recommended" for diagnosing CRPS, or by implication, the chronic persistent pain syndrome present here. No rationale for selection of this particular imaging modality/diagnostic modality in the face of the unfavorable ACOEM position on the same was proffered by the attending provider. Therefore, the request is not medically necessary.

Localized Intense Neurostimulation Therapy 1x a week for 6-12 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Neuromodulation Therapy Topic.Physical Medicine Topic. Page(s): 98,.

Decision rationale: As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, percutaneous neuromodulation therapy is "not recommended" and "considered investigational." In this case, no rationale for selection and/or ongoing usage of this particular treatment modality in the face of the unfavorable MTUS position on the same was proffered by the attending provider. It was further noted that page 98 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that passive modalities such as the LINT at issue be used "sparingly" during the chronic pain phase of a claim. As with the preceding request, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable MTUS position on the modality at issue. Therefore, the request is not medically necessary.