

Case Number:	CM14-0137906		
Date Assigned:	09/05/2014	Date of Injury:	10/17/2013
Decision Date:	10/14/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/26/2014

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 and is licensed to practice in 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 64 year old male who sustained an injury to his low back on 10/17/13 while performing his usual and customary duties as a cook; he slipped and fell on a wet floor. MRI of the lumbar spine dated 04/02/14 revealed 2mm posterior disc protrusion at L2-3; 4mm disc protrusion at L5-S1 with 6mm degenerative spondylolisthesis at L4-5, right-sided at L3-4, there was moderate to severe L4-5 facet arthropathy. It was noted that the injured worker underwent physical therapy without any significant relief. Progress report dated 07/07/14 noted that the injured worker continued to complain of low back, left shoulder, and left knee pain. Physical examination noted diffuse tenderness across the lumbar spine over the midline and facets from L3 to the sacrum; most prominent tenderness appeared to be at the gluteal crease; straight leg raise negative; neurologically intact in the bilateral lower extremities. The injured worker was diagnosed with lumbar discogenic disease and lumbar facet arthropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point impedance imaging & localized intense neuro stimulation therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Research and Treatment, vol 2011, Article ID 152307, 6 pages, 2011

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 and localized intense neurostimulation therapy is not medically necessary. Previous request was denied on the basis that Gorenberg et al note regarding treatment with LINT produced clinically significant reduction of back pain in 95% of injured workers after four treatment visits. The decrease in pain and perceived disability, combined with improvement in range of motion, support further investigation of the use of this therapy in the treatment of low back pain. In this case, considering that LINT is still considered investigational, the requested trigger point impedance imaging and localized intense neurostimulation therapy once a week times 12 weeks is not medically necessary and appropriate. After reviewing the submitted documentation, there is no additional significant objective clinical information provided that would support reverse of the previous adverse determination. Given this, the request for trigger point impedance imaging and localized intense neurostimulation therapy is not indicated as medically necessary.