

<b>Case Number:</b>	CM14-0149851		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	05/30/2014
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 33-year-old female with a date of injury of 05/30/2014. The listed diagnoses per [REDACTED] are: 1. Headaches. 2. Cervical spine sprain/strain rule out HNP. 3. Rule out cervical radiculopathy. 4. Bilateral shoulder sprain/strain rule out joint derangement. 5. Bilateral wrist sprain/strain rule out joint derangement. 6. Rule out bilateral carpal tunnel syndrome. 7. Thoracic spine pain. 8. Thoracic spine sprain/strain rule out HNP. 9. Low back pain. 10. Lumbar spine sprain/strain rule out HNP. 11. Rule out lumbar radiculopathy. 12. Right knee sprain/strain rule out joint derangement. 13. Right ankle sprain/strain rule out derangement. According to progress report 06/23/2014, the patient presents with injuries to her head, neck, shoulders, wrists, mid and low back, right knee, and ankle when she was struck by a tire swing. Examination of the neck revealed tenderness to palpation at the occiputs, trapezius, sternocleidomastoid, and levator scapulae muscles. Maximal foraminal compression test and cervical destruction test were both positive bilaterally. Examination of the bilateral shoulders revealed tenderness to palpation at the rotator cuff tendon attachment sites as well as AC joint and subacromial space. Neer's impingement sign and supraspinatus tests were both positive bilaterally. Neurological examination of the bilateral upper extremity revealed sensation to pinprick and light touch as slightly diminished over the C5 to T1 dermatomes. Motor strength is 4/5 in all the representing muscle groups. The treater recommends trigger point impedance imaging (TPII) and localized intense neural stimulation therapy 1 time a week for the next 6 to 9 weeks. Utilization review denied the request on 09/05/2014. Treatment reports from 05/03/2014 through 06/23/2014 were provided by 3 different treating physicians.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Points Impedance Imaging (TPII) ordered at 06/17/2014: 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 Trigger point injections Page(s): 122.

**Decision rationale:** This patient presents with neck, low back, bilateral shoulder, bilateral wrist, right knee, and right ankle pain. The treater is requesting trigger point impedance imaging (TPII). The MTUS, ACOEM or ODG guidelines do not discuss impedance imaging. MTUS does discuss trigger point injections for myofascial pain. For identification of trigger point injections, examination findings must include taut band and referred pain upon palpation. MTUS does not discuss any imaging needs. Impedance imaging to identify trigger points appears investigational and experimental. Search of the internet yields only minimal discussion of this study. Given the lack of support from the guidelines, and specific recommendations in MTUS on how to treat trigger points, the requested Impedance Imaging does not appear medically indicated. Therefore, the Trigger Points Impedance Imaging (TPII) ordered 06/17/2014 is not medically necessary and appropriate.

**Localized Intense Neurostimulation Therapy (LINT) 1 time a week for 6-9 weeks ordered at 06/17/14: 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 Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

**Decision rationale:** This patient presents with neck, low back, bilateral shoulder, bilateral wrist, right knee, and right ankle pain. The treater is requesting localized intense neural stimulation therapy (LINT) 1 time a week for the next 6 to 9 weeks. The MTUS, ACOEM, and ODG Guidelines do not have discussions on LINT (localized intense neurostim therapy); however, for neuromuscular electrical stimulation, the MTUS Guidelines page 121 has the following, "not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use for chronic pain. There is no intervention trial suggesting benefit from NMES for chronic pain." In this case, there is no indication that this patient has suffered a stroke. Furthermore, MTUS does not support the use of neuromuscular electrical stimulation for chronic pain. The requested LINT therapy is not medically necessary and recommendation is for denial.