

Case Number:	CM14-0165837		
Date Assigned:	10/10/2014	Date of Injury:	10/07/2013
Decision Date:	11/12/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/08/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

62years old male injured worker with date of injury 10/7/13 with related low back pain. Per progress report dated 7/18/14, the injured worker complained of constant sharp, stabbing low back pain rated 6-7/10, spasms, and numbness and tingling of both legs. He also reported abdominal pain and discomfort, and pain at the right groin and right testicle rated 6-7/10. Per physical exam, the injured worker ambulated with abnormal gait and was able to walk heel-toe with pain. Bilateral muscle guarding, tightness of the quadratus lumborum muscles, tender spinous processes L3-L5, decreased range of motion, and positive straight leg raise test were noted. Treatment to date has included acupuncture, physical therapy, and medication management. The date of UR decision was 9/16/14.

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) one time a week for 6-9 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines; hyper-stimulation analgesia

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, Trigger Point Impedance Imaging

Decision rationale: The MTUS is silent on trigger point impedance imaging. Per ODG guidelines, trigger point impedance imaging is not recommended. It states to see under Hyperstimulation analgesia. With regard to Hyperstimulation analgesia, the ODG states: Not recommended until there are higher quality studies. Initial results are promising, but only from two low quality studies sponsored by the manufacturer (Nervomatrix Ltd., Netanya, Israel). Localized manual high-intensity neurostimulation devices are applied to small surface areas to stimulate peripheral nerve endings (A fibers), thus causing the release of endogenous endorphins. This procedure, usually described as hyperstimulation analgesia, has been investigated in several controlled studies. However, such treatments are time consuming and cumbersome, and require previous knowledge of the localization of peripheral nerve endings responsible for LBP or manual impedance mapping of the back, and these limitations prevent their extensive utilization. Therefore, the request for Trigger Point Impedance imaging (TPII) one time a week for 6-9 weeks is not medically necessary and appropriate.

Localized instant neurostimulation therapy (LINT) 1 time a week 6-9 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines; hyper-stimulation analgesia

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The MTUS is silent on localized instant neurostimulation therapy. Per the ODG guidelines, localized high-intensity neurostimulation is not recommended. It states to see under Hyperstimulation analgesia. With regard to Hyperstimulation analgesia, the ODG states: Not recommended until there are higher quality studies. Initial results are promising, but only from two low quality studies sponsored by the manufacturer (Nervomatrix Ltd., Netanya, Israel). Localized manual high-intensity neurostimulation devices are applied to small surface areas to stimulate peripheral nerve endings (A fibers), thus causing the release of endogenous endorphins. This procedure, usually described as hyperstimulation analgesia, has been investigated in several controlled studies. However, such treatments are time consuming and cumbersome, and require previous knowledge of the localization of peripheral nerve endings responsible for LBP or manual impedance mapping of the back, and these limitations prevent their extensive utilization. Therefore, the request for Localized instant neurostimulation therapy (LINT) 1 time a week 6-9 weeks is not medically necessary and appropriate.