

Case Number:	CM14-0083746		
Date Assigned:	07/30/2014	Date of Injury:	08/17/2000
Decision Date:	05/28/2015	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 45 year old male, who sustained an industrial injury on August 17, 2000. He reported cumulative trauma, developing pain in the neck and low back. The injured worker was diagnosed as having cervical disc protrusion, cervical radiculitis, cervical sprain/strain, lumbar disc protrusion, lumbar radiculitis, lumbar sprain/strain, and anxiety. Treatment to date has included TENS, MRIs, and medication. Currently, the injured worker complains of constant neck pain with stiffness, numbness and tingling radiating to the bilateral upper extremities and constant low back pain and stiffness radiating to the bilateral lower extremities with numbness, tingling, and weakness, with anxiety. The Primary Treating Physician's report dated May 2, 2014, noted the physical examination showed tenderness to palpation of the cervical paravertebral muscles, with cervical compression and Valsalva's causing pain bilaterally. The lumbar spine was noted to have tenderness to palpation of the bilateral SI joints and lumbar paravertebral muscles, with Kemp's, Valsalva's, Nachlas, and straight leg raise causing pain bilaterally. The treatment plan was noted to include localized intense neurostimulation therapy (LINT) and modified work status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Localized Intense Neurostimulation Therapy (LINT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Localized Intense Neurostimulation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Localized intense neurostimulation therapy.

Decision rationale: Pursuant to the Official Disability Guidelines, localized intense neurostimulation therapy is not medically necessary. Localized intense neurostimulation therapy (Hyperstimulation analgesia) is not recommended until there are higher quality studies. See the Official Disability Guidelines for details. In this case, the injured worker's working diagnoses are cervical sprain/strain; lumbar disc protrusion; lumbar radiculitis; lumbar sprain/strain; and anxiety. Subjectively, according to a May 2, 2014 progress note, the injured worker has complaints of pain in the cervical spine and lumbar spine. The worker also suffers with anxiety. Objectively there is tenderness palpation at the cervical paraspinal muscle groups. There is tenderness to palpation of the bilateral SI joints and lumbar paraspinal muscle groups. Localized intense neurostimulation therapy (Hyperstimulation analgesia) is not recommended until there are higher quality studies. Consequently, absent guideline recommendations for localized intense neural stimulation therapy, localized intense neurostimulation therapy is not medically necessary.

Trigger Point Impedance Imaging (TPII): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Trigger point impedance imaging.

Decision rationale: Pursuant to the Official Disability Guidelines, trigger point impedance imaging is not medically necessary. Trigger point impedance imaging (Hyperstimulation analgesia) is not recommended until there are higher quality studies. See the official disability guidelines for details. In this case, the injured worker's working diagnoses are cervical sprain/strain; lumbar disc protrusion; lumbar radiculitis; lumbar sprain/strain; and anxiety. Subjectively, according to a May 2, 2014 progress note, the injured worker has complaints of pain in the cervical spine and lumbar spine. The worker also suffers with anxiety. Objectively there is tenderness palpation at the cervical paraspinal muscle groups. There is tenderness to palpation of the bilateral SI joints and lumbar paraspinal muscle groups. Trigger point impedance imaging (Hyperstimulation analgesia) is not recommended until there are higher quality studies. Consequently, absent guideline recommendations for trigger point impedance imaging, trigger point impedance imaging is not medically necessary.

