

Case Number:	CM15-0006194		
Date Assigned:	01/26/2015	Date of Injury:	06/28/2013
Decision Date:	03/19/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/12/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 40 year old male, who sustained a work/ industrial injury on 6/28/13 due to a fall while carrying tree branches down a slope and fell along with continuous trauma injury. The diagnoses have included cervical and lumbar disc bulges, avascular necrosis of the lunate/cysts of the bilateral wrists, bilateral mild carpal tunnel syndrome, bilateral knee meniscal degeneration, left shoulder rotator cuff tendonitis, and bicipital tenosynovitis, and left ankle sprain/strain. Treatment plan was for acupuncture, topical analgesic patches and oral analgesics. Electrodiagnostic studies of the upper extremities on 11/1/13 noted bilateral mild carpal tunnel syndrome and studies of the lower extremities was normal. A Magnetic Resonance Imaging (MRI) dated 1/15/14 demonstrated L4-5 (1-2 cm posterior disc bulge without canal stenosis or neural foraminal narrowing. A right wrist MRI on 1/16/14 demonstrated 7-8 mm region of avascular necrosis along the ulnar half of the lunate and subchondral cyst formation. A left shoulder MRI dated 1/22/14 revealed acromioclavicular osteoarthritis, supraspinatus tendinitis, infraspinatus tendinitis and bicipital tenosynovitis. A left knee MRI dated 1/24/14 showed global increased signal intensity in the posterior horn of the medial meniscus most consistent with intrasubstance degeneration but tear is not excluded. Pain was rated 6-7/10. Further recommendations were acupuncture, topical capsaicin patches, orthopedic evaluation, and therapy. A LINT (localized intense neurostimulation therapy) was recommended but duration of treatment and number of sessions was not specified. On 12/16/14, Utilization Review non-certified a localized intensive neurostimulation treatment and neuromuscular diagnostic procedure, noting the Official Disability Guidelines as well as California Medical Treatment

Utilization Schedule and Americal College of Occupational and Environmental Medicine, 2nd Edition.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Localized Intensive Neurostimulation Treatment and Neuromuscular Diagnostic Procedure between 12/12/2014 and 1/26/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Compensation, Online Edition Chapter:Low Back - Lumbar and ThoracicHyperstimulation analgesia

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)

Decision rationale: According to ODG guidelines, hyperstimulation analgesia is 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. The new device is capable of automatically measuring skin impedance in a selected body area and, immediately afterwards, of stimulating multiple points that are targeted according to differentiation in their electrical properties and proprietary image processing algorithms with high intensity yet nonpainful electrical stimulation. The therapeutic neurostimulation pulse modulation of dense electrical pulses is applied locally to specific Active Trigger Points (ATPs) which are locations of nerve ending associated with pain, providing effective pain relief by stimulating the release of endorphins, the body's natural pain killers. The gate control theory of pain describes the modulation of sensory nerve impulses by inhibitory mechanisms in the central nervous system. One of the oldest methods of pain relief is generalized hyperstimulation analgesia produced by stimulating myofascial trigger points by dry needling, acupuncture, intense cold, intense heat, or chemical irritation of the skin. The moderate-to-intense sensory input of hyperstimulation analgesia is applied to sites over, or sometimes distant from, the pain. A brief painful stimulus may relieve chronic pain for long periods, sometimes permanently. The new device takes advantage of these same principles. Hyperstimulation analgesia with localized, intense, low-rate electrical pulses applied to painful active myofascial trigger points was found to be effective in 95% patients with chronic nonspecific low back pain, in a clinical validation study. (Gorenberg, 2013) The results of this current pilot study show that treatment with this novel device produced a clinically significant reduction in back pain in almost all patients after four treatment sessions. (Gorenberg, 2011)Based on the above and because of the lack of high quality studies supporting the use of hyperstimulation, the request is not medically necessary.

