MAXIMUS Federal Services

Case Number:	CM15-0075736		
Date Assigned:	04/27/2015	Date of Injury:	05/23/2011
Decision Date:	05/28/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/21/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old female injured worker suffered an industrial injury on 05/23/2011. The diagnoses included tenosynovitis to the right ankle and right shoulder, cervical radiculopathy, and thoracic spine pain. The injured worker had been treated with extracorporeal shockwave therapy and medications. On 1/14/2015 the treating provider reported constant sharp neck pain that is moderate to severe rated as 7/10 along with numbness and tingling of the upper extremities. The injures worker complained of pain in the right elbow, right wrist, mid back, bilateral knees and right ankle pain with pain rated from 6 to 7/10 to 9/10. The treatment plan included 9 TPII (trigger point impedance imaging) and LINT (localized intense neurostimulation therapy) sessions and extracorporeal shockwave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 TPII and LINT sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation ODG Low Back Chapter, LINT & Hyperstimulation analgesia.

Decision rationale: Regarding the request for trigger point impedance imaging, California MTUS and ODG do not address the issue. A search of National Library of Medicine, National Guideline Clearinghouse, and other online resources failed to reveal support for its use in the evaluation/management of the cited injuries. Trigger points are diagnosed clinically based upon palpation per the CPMTG and advanced imaging techniques for trigger point identification is experimental and unsupported by consensus guidelines. Given this, the currently requested trigger point impedance imaging is not medically necessary. Furthermore, the request for the LINT component is also not supported by guidelines. The ODG Low Back Chapter states the following regarding Localized high-intensity neurostimulation: "See Hyperstimulation analgesia. Hyperstimulation analgesia, not recommended until there are higher quality studies. Initial results are promising, but only from two low quality studies sponsored by the manufacturer. Localized manual high-intensity neurostimulation devices are applied to small surface areas to stimulate peripheral nerve endings (A d 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)" Given these guidelines, this is request is not medically necessary.

12 extracorporeal shockwave therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Policy of a National Insurer: Anthem Medical Policy # SURG. 00045 Extracorporeal Shock Wave Therapy for Orthopedic Conditions.

Decision rationale: Regarding the request for ECSWT (Extracorporeal shock wave therapy) for the wrist, California MTUS does not address the issue. ODG does not address the issue for the wrists. Anthem medical policy notes that ESWT for the treatment of musculoskeletal conditions is considered investigational and not medically necessary. In light of the above issues, the currently requested ECSWT (Extracorporeal shock wave therapy) for the wrist is not medically necessary.