

Case Number:	CM15-0079041		
Date Assigned:	04/30/2015	Date of Injury:	08/05/2011
Decision Date:	05/29/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/24/2015

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, 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 39 year old male who sustained an industrial injury on 08/05/11. Initial complaints and diagnoses are not available. Treatments to date include lumbar epidural spinal injection, and therapy. Diagnostic studies include trigger point impedance imaging. Current complaints include low back pain. Current diagnoses lumbar disc herniation and exacerbated lumbar radiculopathy on the right. In a progress note dated 03/16/15, the treating provider reports the plan of care as a repeat epidural steroid injection at L5-S1. The requested treatment is trigger points imaging/localized intense neurostimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger points impedance imaging/localized intense neurostimulation therapy 6-9: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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 section, Trigger point impedance imaging/localized intense neurostimulation.

Decision rationale: Pursuant to the Official Disability Guidelines, trigger point impedance imaging/localized intense neurostimulation therapy 1 session times 6-9 weeks 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 headaches; low back pain; lumbar spine disc displacement, HNP; lumbar radiculopathy; status post right knee arthroscopy; right knee medial meniscal tear; right ankle joint derangement; abdominal pain, anxiety, sleep disorder and mood disorder. The request for authorization is dated February 18, 2015. The most recent progress note dated February 18 2015 shows the injured worker has complaints referable to the right and left knee. The worker had surgery on September 29, 2011 the guidelines do not recommend trigger point impedance imaging/localized intense neurostimulation therapy. Consequently, absent guideline recommendations, trigger point impedance imaging/localized intense neurostimulation therapy 1 session times 6-9 weeks is not medically necessary.