Case Number:	CM15-0096016		
Date Assigned:	05/22/2015	**Date of Injury:**	08/01/2012
Decision Date:	06/25/2015	**UR Denial Date:**	04/30/2015
Priority:	Standard	**Application Received:**	05/19/2015

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, Alabama, 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 44 year old female who sustained a work related injury August 1, 2012. According to a primary treating physician's progress report, dated March 17, 2015, the injured worker presented with complaints of moderate to severe sharp/stabbing neck pain associated with radiating pain, numbness and tingling in the bilateral upper extremities. There are also complaints of; sharp stabbing shoulder pain, rated 7-8/10, sharp left elbow pain rated 6-7/10, bilateral wrist pain, rated 7-8/10, associated with weakness numbness tingling and radiating to hand and fingers, mid back pain with muscle spasms, rated 5-6/10, and low back pain and muscle spasms, rated 7/10, associated with numbness and tingling to the bilateral lower extremities. Diagnoses are cervical spine sprain/strain; right shoulder AC joint osteoarthritis; bilateral shoulder supraspinatus tendinitis; left elbow sprain/strain; rule out carpal tunnel syndrome; thoracic spine sprain/strain rule out dis derangement, lumbago; lumbar radiculopathy. Treatment plan included a request for authorization for intense neurostimulation therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Localized Intense Neurostimulation Therapy 1x week x 6 weeks for the Lumbar Spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 97.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hyperstimulation analgesia. http://www.odg- twc.com/index.html.

Decision rationale: According to ODG guidelines, 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 (Nervomatrix Ltd., Netanya, Israel). Localized manual high-intensity neurostimulation devices are applied to small surface areas to stimulate peripheral nerve endings (A δ 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 non-painful 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 painkillers. 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) As mentioned above, there is no high quality controlled studies supporting the safety and efficacy of Hyperstimulation analgesia for pain management. Therefore, the request for Localized Intense Neurostimulation Therapy 1x week x 6 weeks for the Lumbar Spine is not medically necessary.