

Case Number:	CM14-0140655		
Date Assigned:	09/10/2014	Date of Injury:	03/30/2005
Decision Date:	10/07/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48 year-old male who sustained injuries to his head, neck, lower back and left knee on 03/30/05. He was treated with medications, physical therapy, chiropractor treatment and a course of shockwave therapy. The injured worker complained of occasional headaches, burning radicular neck, constant, moderate to severe, 3/10; burning radicular low back pain, 7/10, moderate to severe, constant; numbness and tingling of the bilateral lower extremities greater on the right radiating down to the bottom of the foot; burning left knee pain, 5-6/10, constant moderate to severe; stress; insomnia; and sexual dysfunction. A cervical spine exam showed tenderness at suboccipital region, at trapezius region, scalene muscles, decreased range of motion (ROM), and reduced motor strength. A lumbar spine exam was limited 5 inches from the ground. Straight leg raising test was positive at 50 degrees. A left knee exam showed tenderness at the medial and lateral joint lines, decreased range of motion (ROM), and decreased motor strength. Recommendations were to continue with the course of physical therapy (PT) for cervical and lumbar spine in a frequency of x3 per week for 6 weeks and to continue chiropractic treatment for cervical and lumbar spine x3 per week for 6 weeks. He had a pending pain management evaluation for epidural steroid injection for lumbar spine. The diagnoses included headache, cervical disc displacement, cervical spine radiculopathy, lumbar disc displacement, lumbar spine radiculopathy, left knee internal derangement, other reactions to severe stress, sleep disorder, and psychosexual dysfunction. The request for 9 Trigger Points impedance imaging and 9 localized intense neurostimulation therapy (LINT) sessions were denied due to lack of medical necessity on 08/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 Trigger Points impedance imaging: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: A search of the Medical Treatment Utilization Schedule (MTUS), including the American College of Occupational and Environmental Medicine (ACOEM), the Official Disability Guidelines and National Guideline Clearinghouse failed to reveal recommendations regarding the use of trigger point impedance imaging. Furthermore, this service is considered investigational/experimental. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. According to the California Medical Treatment Utilization Schedule MTUS, trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met:(1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants have failed to control pain. In this case however, there is no documentation of characteristic trigger points as described above. Therefore, the requested service is not considered medically necessary; non-certified.

9 Localized intense neurostimulation therapy (LINT) sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

Decision rationale: The California Medical Treatment Utilization Schedule, the Official Disability Guidelines, and National Guidelines Clearinghouse do not provide any evidence-based recommendations and no scientific literature addresses this request. Localized intense neurostimulation therapy (LINT) is not discussed in the Medical Treatment Utilization Schedule (MTUS) or medical treatment guidelines. There is no scientific evidence establishing the efficacy of this intervention as a form of treatment for any condition. This request is considered experimental, and there is no documentation that provides description of what this procedure is, or how it is intended to cure or relieve the injured worker's back or right shoulder complaint. Consequently, the request is not deemed appropriate or medically necessary.

