

<b>Case Number:</b>	CM13-0023167		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	02/28/2013
<b>Decision Date:</b>	01/08/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient suffers from chronic low back pain with injury from 2/28/13. The treater has asked for trigger point impedence imaging with localized intense neurostimulation treatment. This has been denied by Utilization Review letter dated 8/19/13. Report dated 8/7/13 is by [REDACTED], an orthopedist. The patient's pain is constant moderate pain in the lumbar spine. Examination showed spasm and tenderness from L1 to S1 levels. The treater is requesting the above imaging and treatment. His diagnosis is lumbar disc displacement with myelopathy. The treater's initial evaluation from 5/8/13 shows that the patient has constant moderate pain described as burning sensation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection (unknown body part):** 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 Page(s): 122. Decision based on Non-MTUS Citation J Pain Res. 2013; 6: 487-491. Published online 2013 June 25. doi: 10.2147/JPR.S47540..

**Decision rationale:** This imaging technique appears to measure subtle differences in electrical resistance of the skin to locate trigger points. However, the Physician Reviewer was able to find

only one study as quoted above that discusses this technique. Furthermore, this study measured pain difference only 2 hours following treatment showing a significant difference. The study was performed without control, non-randomized without any length of follow-up. This technique is quite experimental without any evidence yet that it can make a difference in management of myofascial and non-specific low back pain. Furthermore, the treater does not identify any of the trigger point in his examination. MTUS requires documentation of trigger points with taut band/triggering tender spots on examination.

**Localized intense neurostimulation therapy (unknown body part ) 1 x 12:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation J Pain Res. 2013; 6: 487-491. Published online 2013 June 25. doi: 10.2147/JPR.S47540..

**Decision rationale:** The Physician Reviewer was able to find only one study as quoted above that discusses this technique. However, this study is uncontrolled, non-randomized, only 19 participants and there were no follow-up evaluation. The volunteers were treated and their pain levels measured 2 hours following the treatments. This is hardly any support that this technique can be beneficial. It certainly does not meet the criteria for evidence based medicine. None of the guidelines including MTUS, ACOEM and ODG discuss this procedure. There is no evidence that this procedure is similar or better than the traditional trigger point injections. Given the lack of evidence and guidelines support, recommendation is for a denial.