

<b>Case Number:</b>	CM13-0033289		
<b>Date Assigned:</b>	02/20/2014	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 39-year-old male with a reported injury date on 03/08/2013; the mechanism of injury was not provided. The injured worker's diagnoses include cervical spine multilevel degenerative disc disease, lumbar spine multilevel degenerative disc disease, and thoracic spine disc protrusion. The clinical note dated 12/04/2013 is handwritten and hard to read but it appears to say that the injured worker complains of pain to the cervical spine rated 7/10, pain in the thoracic spine rated 4/10, and pain to the lumbar spine rated 4/10. There was no objective findings provided. The treatment plan included therapy sessions 2 times a week times 4 weeks and work restrictions. It was also noted within the documentation provided that the injured worker had received 3 separate Trigger Point Impedance Imaging Exams dated 08/29/2013, 09/19/2013, and 09/26/2013. The Request for Authorization Form for Trigger Point Impedance Imaging was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRIGGER POINT IMPEDANCE IMAGING:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gorenberg, M., & Schwartz, K. Imaging-guided hyperstimulation analgesia in low back pain. *Journal of Pain Research*, 2013, 487-491.

**Decision rationale:** The guidelines do not specifically address this request. However, peer reviewed literature states that Trigger Point Impedance Imaging shows promising results. However, it requires future investigation and randomized, controlled, longitudinal studies; thus it is not recommend. Additionally, the request remains unclear as there is a lack of documentation provided indicating the rationale for the requested treatment. Furthermore, there is lack of documentation provided that the injured worker received a benefit from the prior trigger point impedance imaging studies. As such, this request is not medically necessary.