

Case Number:	CM13-0033976		
Date Assigned:	12/18/2013	Date of Injury:	07/03/2012
Decision Date:	04/04/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/11/2013

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 Orthopedic Surgery, and is licensed to practice in Arizona. 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. 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:

This patient sustained an injury to his low back on 7/2/12. He also sustained an injury to his knee at the same time. He complained of non-radiating low back pain and he had restricted spinal motion. An MRI of the spine was done on 2/22/13 and the impression was mild arthritis within the lumbar spine with degenerative disc disease at L4-L5 and at L5-S1. There is a small 3mm posterior disc bulge at L4-L5 with moderate right and moderate to severe left neural foraminal narrowing and at L5-S1 there is a similar posterior disc bulge with moderate to severe left and moderate right neural foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

TPII and lint exam of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 97. Decision based on Non-MTUS Citation Journal of Pain Research 2013; 6:487-491, physical therapy and sports 5 (2004) 2-12, pain research and treatment 2011, article ID 152307, 1-6.

Decision rationale: Trigger point impedance imaging (TPII) of the lumbar spine, while it may hold some promise, is still basically a research tool. There is no evidence-based medicine to

support its use in chronic low back pain. At present it is mainly being used as a research tool. Percutaneous electrical nerve stimulation is not recommended as a primary treatment modality, but a trial may be considered if used as an adjunct to a program of evidence-based functional restoration, after other nonsurgical treatments, including therapeutic exercises and TENS (transcutaneous electric nerve stimulation), have been tried and failed or are judged to be unsuitable or contraindicated. There is no documentation that this patient is involved in an evidence-based program of functional restoration. Therefore, medical necessity of trigger point impedance imaging and percutaneous electrical nerve stimulation has not been established. The request is noncertified.