

<b>Case Number:</b>	CM13-0048463		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/11/2009
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 & Rehabilitation, has a subspecialty in Pain Management 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. 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 is a male patient with a date of injury of 5/11/09. A utilization review determination dated 10/8/13 recommends non-certification of trigger point impedance imaging and localized intense neurostimulation therapy. A progress report dated 10/31/13 identifies subjective complaints including 7/10 neck, back, right shoulder, and bilateral knee pain. Objective examination findings identify cervical, thoracic, and lumbar spine tenderness, positive SLR, right shoulder tenderness, and positive impingement.

### 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:** 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 National Library of Medicine and National Guideline Clearinghouse.

**Decision rationale:** Regarding the request for trigger point impedance imaging, California MTUS and ODG do not address the issue. A search of National Library of Medicine, National Guideline Clearinghouse, and other online resources failed to reveal support for its use in the

evaluation/management of the cited injuries. Trigger points are diagnosed clinically and should not require advanced imaging techniques for diagnosis. Within the documentation available for review, no documentation was provided identifying how this request would provide improved outcomes as compared to other evaluation/treatment options that are evidence-based and supported. Furthermore, there is no documentation identifying the medical necessity of this request. In the absence of such documentation, the currently requested trigger point impedance imaging is not medically necessary

**Localized neurostimulation therapy (once a week for 6 weeks): 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 Transcutaneous Electrotherapy Page(s): 114-117.

**Decision rationale:** Regarding the request for localized neurostimulation therapy, California MTUS guidelines do support the use of some types of electrical stimulation therapy for the treatment of certain medical disorders. However, regarding LINT specifically, a search of the CA MTUS, ACOEM, ODG, National Library of Medicine, National Guideline Clearinghouse, and other online resources failed to reveal support for its use in the management of the cited injuries. Additionally, no documentation was provided identifying that this treatment provides improved outcomes as compared to other treatment options that are evidence-based and supported, and there is no documentation identifying the medical necessity of this request. In the absence of such documentation, the currently requested localized neurostimulation therapy is not medically necessary.