

Case Number:	CM13-0052761		
Date Assigned:	12/30/2013	Date of Injury:	04/30/2012
Decision Date:	03/12/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/15/2013

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 Spine Surgery and is licensed to practice in New York. 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:

The patient is a 50 year old female with a date of injury of April 30, 2012. The patient complains of chronic low back pain. On physical examination she has trigger points bilaterally of the lumbar paraspinal muscles. She has tenderness to palpation of the lumbar paraspinal muscles and lumbar spasm. Straight leg raise test is positive bilaterally. Treatment has consisted of one epidural steroid injection which did not help, chiropractic manipulation, acupuncture, TENS unit, physical therapy, and medications.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: There is no scientific evidence or guidelines to support the use of trigger point impedance imaging for the treatment of low back pain. Proceeding with trigger point impedance imaging is not medically necessary at this time and remains experimental. There were no guidelines to support its use and no peer review literature to support its use.

Localized intense neurostimulation therapy (LINT): 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Localized intense nor stimulation therapy is not supported by peer review medical literature. In addition, there is no guidelines to support the use of his technique in the treatment of low back pain. His technique is experimental at this time and not supported by any quality outcomes data in the medical literature. This treatment cannot be recommended at this time.