

<b>Case Number:</b>	CM13-0058267		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/22/2013
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Ineterventional 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 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:

This is a 69 year-old female who was injured on 2/22/13. According to the 11/1/13 occupational med/family practice check-box PR2 from [REDACTED], the diagnoses are: rule out disc disease cervical, thoracic, lumbar; rule out internal derangement bilateral shoulders and knees. The patient was reported to present with 6/10 cervical pain, 8/10 pain in the thoracic, lumbar and bilateral shoulders, and 10/10 bilateral knee pain. The IMR application shows a dispute with the 10/31/13 UR decision for denial of trigger point impedance imaging and 1x6-12 weeks of LINT for the thoracic and lumbar spine. In the 1100 pages of records provided for this IMR, the progress report that requests these procedures was not included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRIGGER POINT IMEDANCE IMAGING ONCE A WEEK FOR 6-12 WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, Solved auto-targeted neurostimulation.

**Decision rationale:** The patient presents with neck, mid, low back, bilateral shoulder and knee pain. I have been asked to review for necessity of a trigger point impedance imaging. MTUS discusses the necessary documentation and exam findings for trigger points under the trigger point injection criteria. MTUS states: " Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain" MTUS requires palpatory findings with twitch response for identification of trigger points. The trigger point impedance imaging is not necessary to identify a trigger point, nor does it appear reasonable when simple palpatory exam findings would suffice. The request for the TPII appears to be in combination with the LINT, as with Nervomatrix device from Soleve. ODG guidelines specifically state this is not recommended.

**NEUROSTIMULATION THERAPY ONCE A WEEK FOR 6-12 WEEKS FOR THE THORACIC AND LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Hyperstimulation analgesia

**Decision rationale:** The patient presents with neck, mid, low back, bilateral shoulder and knee pain. I have been asked to review for neurostimulation therapy 1x6-12 weeks for the thoracic and lumbar regions. ODG guidelines specifically state that the hyper stimulation analgesia is not recommended. The request is not in accordance with ODG guidelines.