MAXIMUS Federal Services

Case Number:	CM13-0065643		
Date Assigned:	01/03/2014	Date of Injury:	02/15/2011
Decision Date:	04/04/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/13/2013

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 and Rehabilitation & Pain Management, has a subspecialty in Interventional 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 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 40 year-old male who was injured on 2/5/11. The Independent Medical Review (IMR) application shows a dispute with the 12/12/13 Utilization Review (UR) decision. The 12/12/13 UR letter is from [redacted] and is for a retrospective denial of trigger point impedance imaging for 11/18/13. Unfortunately, the 11/18/13 report was not provided for this IMR. The records show that the chiropractor has been using the trigger point impedance imaging before doing "Localized Intense Neurostimulation Therapy (LINT)" therapy for trigger points in the lumbar spine. The procedure was performed on 10/10/13, 10/17/13, 11/8/13, 11/19/13 and 12/3/13. According to the 11/20/13 orthopedic report, the patient presents with neck and low back pain, and has been diagnosed with cervical spondylosis; lumbar DDD; s/p ACDF C6/7 and C5/6 on 4/18/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retrospective DOS: 11/1813) Trigger Points Impedance Imaging (TPII) QTY: 1.00:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gorenberg M. and Schwartz K. Imaging-guided hyperstimulation analgesia in low back pain J Pain Res. 2013 June 25; 6;487-91

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections, Criteria for the use of Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation ODG-TWC guideline, Low back chapter online, for Hyperstimulation analgesia

Decision rationale: The patient presents with neck and low back pain. The review is for the necessity of trigger point impedance imaging. According to the available records, the rationale for the trigger point imaging was to follow with LINT therapy. MTUS does not require trigger point impedance imaging to locate a trigger point. MTUS criteria require palpation with twitch response. The trigger point imaging is not necessary for LINT for the lower back, because ODG guidelines, specifically states this therapy is not recommended for the lumbar spine. The request is not in accordance with MTUS guidelines to locate trigger points.