

Case Number:	CM14-0117567		
Date Assigned:	08/04/2014	Date of Injury:	09/19/2012
Decision Date:	09/18/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/24/2014

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 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 patient sustained an injury on 9/19/12 while employed by [REDACTED]. Request(s) under consideration include Trigger Point Impedance Imaging (TPII)-Lumbar. Orthopedic AME report of 1/14/14 noted the patient has not returned to any form of work since last evaluation with continued pain symptoms. Diagnoses include cervical/lumbar traumatic syndrome; right chest crush injury with possible pneumothorax; right fibular fracture; history of Sarcoma; left third finger PIP sprain; and cerebral concussion. AME noted the patient has reached MMI with future medical for acupuncture and "light pain medication" for effective treatment during exacerbation as other treatments is not recommended for the chronic orthopedic symptoms. The patient continues to treat with chiropractic provider for ongoing chronic thoracic/ lumbar spine pain with unchanged stiffness and tenderness on examination. The patient has had several sessions of LINT in March and May 2014 without clear response. Report of 6/19/14 from the chiropractic provider has unchanged chronic symptoms and clinical findings with request for additional sessions. The request(s) for Trigger Point Impedance Imaging (TPII)-Lumbar was non-certified on 7/7/14 citing guidelines criteria and lack of medical necessity.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Shultz SP, Driban JB, Swanik CB, Atch Phys. Med. Rehabil. 2007 June;88 780-4.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence; The National Guidelines Clearing House States the following in reference to Trigger Point and Botox Injections, Prolotherapy, Nerve Blocks, and Acupuncture: "For chronic nonmalignant pain syndrome patients there is a lack of any convincing quality evidence that any of these techniques work for this patient population. Thus, as with earlier guidelines, these methods are not recommended for use with CPS patients". Sanders SH, Harden RN, Vicente PJ. Evidence-based clinical practice guideline for interdisciplinary rehabilitation of chronic non-malignant pain syndrome patients. Chattanooga (TN): Siskin Hospital for Physical Rehabilitation; 2005. 41 p.

Decision rationale: This patient sustained an injury on 9/19/12 while employed by [REDACTED]. Request(s) under consideration include Trigger Point Impedance Imaging (TPII)-Lumbar. Orthopedic AME report of 1/14/14 noted the patient has not returned to any form of work since last evaluation with continued pain symptoms. Diagnoses include cervical/ lumbar traumatic syndrome; right chest crush injury with possible pneumothorax; right fibular fracture; history of Sarcoma; left third finger PIP sprain; and cerebral concussion. AME noted the patient has reached MMI with future medical for acupuncture and "light pain medication" for effective treatment during exacerbation as other treatments is not recommended for the chronic orthopedic symptoms. The patient continues to treat with chiropractic provider for ongoing chronic thoracic/ lumbar spine pain with unchanged stiffness and tenderness on examination. The patient has had several sessions of LINT in March and May 2014 without clear response. Report of 5/22/14 noted lumbar spine with tenderness, muscle spasm, positive Kemp's and positive bilateral SLR with diagnoses to include lumbar/ thoracic radiculopathy. Report of 6/19/14 from the chiropractic provider has unchanged chronic symptoms and clinical findings with request for additional sessions. The request(s) for Trigger Point Impedance Imaging (TPII)-Lumbar was non-certified on 7/7/14. Review of ACOEM, MTUS, ODG, NGC, National Library of Medicine, etc. Guidelines are silent on trigger point impedance imaging and provider has not provided any evidence-based studies to support this treatment request. The patient has received multiple treatment modalities for this chronic 2012 injury with persistent unchanged symptoms. The goal of TPI's is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified possible radicular signs, which are medically contraindicated for TPI's criteria. The patient underwent previous TPII treatment without documented functional improvement in terms of decreased medication dosage, medical utilization, increased ADLs, and work status. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The Trigger Point Impedance Imaging (TPII) - Lumbar is not medically necessary.

