

<b>Case Number:</b>	CM14-0128765		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	05/16/2014
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Family Medicine 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 43 year old male with a 5/16/2014 date of injury. The patient fell 10 feet, landing on both heels and then the buttocks, and finally the right side of the back. A progress reported dated 6/6/14 noted subjective complaints of back pain radiating down both legs. Objective findings included lumbar paraspinal tenderness and spasm. There was normal gait. Diagnostic Impression: lumbar sprain and strain. Treatment to Date: physical therapy, medication management. A UR decision dated 7/10/2014 denied the request for trigger point impedance imaging. The literature that was encountered suggests that these types of imaging/treatment are experimental at this point. Furthermore, trigger points are diagnosed clinically and no documentation was provided identifying how these requests provided improved outcomes as compared to other treatment options that are evidence-based and supported.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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.

**Decision rationale:** CA MTUS does not address this issue. ODG states that localized intense neurostimulation therapy (LINT) are not recommended until there are higher quality studies. Initial results are promising, but only from two low quality studies sponsored by the manufacturer. The requesting provider does not establish circumstances that would warrant LINT therapy despite lack of positive evidence. Therefore, the request for trigger point impedance imaging was not medically necessary.