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| Case Number: | CM14-0148882 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 11/20/2011 |
| Decision Date: | 11/18/2014 | UR Denial Date: | 08/06/2014 |
| Priority: | Standard | Application Received: | 09/12/2014 |

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 & 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:

The injured worker is a 48-year-old male who reported an injury on 11/20/2011. The mechanism of injury was reported when the injured worker lost his grip getting into a truck. The diagnoses included headache, chronic post-traumatic headache, cervical disc protrusion, cervical muscle spasm, cervical radiculopathy, cervical sprain/strain, thoracic muscle spasm, thoracic sprain/strain, lumbar disc protrusion, lumbar musculoligamentous injury, and lumbar myospasm. The previous treatments included physical therapy, epidural steroid injections, facet joint blocks, chiropractic therapy, acupuncture sessions, and aquatic therapy. Diagnostic testing included an EMG/NCV. Within the clinical note dated 04/07/2014, it was reported the patient complained of occasional headaches. The injured worker complained of cervical spine pain. He described the pain as dull, achy, sharp neck pain, with stiffness and weakness. He complained of thoracic spine pain. The injured worker complained of constant lumbar spine pain, described as dull, achy, sharp, low back pain with stiffness. Upon the physical examination, the provider noted the cervical range of motion was noted to be flexion of 50 degrees, extension of 60 degrees. There was 3+ tenderness to palpation of the cervical paraspinal muscles. There were muscle spasms at the cervical paravertebral muscles. The thoracic spine range of motion was noted to be of 45 degrees flexion. It was noted the patient had 3+ tenderness to palpation of the thoracic paravertebral muscles, including muscle spasms. The lumbar spine was noted to have trigger points of the paraspinals at the lumbar spine. The range of motion was decreased and painful with flexion of 45 degrees and extension of 15 degrees. The provider noted the patient to have 3+ tenderness to palpation of the lumbar paravertebral muscles with muscle spasms. The provider requested trigger point impedance imaging. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

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 Official Disability Guidelines (ODG), Low Back (updated 07/03/2014)

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, Hyperstimulation analgesia

Decision rationale: The request for trigger point impedance imaging is not medically necessary. The Official Disability Guidelines note hyperstimulation analgesia is not recommended until there is higher quality studies. Initial results are promising, but only from 2 low quality studies sponsored by the manufacturer. Localized manual high intensity neuro stimulation devices are applied to small surface areas to stimulate peripheral nerve endings, thus causing the release of indigenous endorphins. This procedure, usually described as hyperstimulation analgesia, has been investigated in several controlled studies. However, such treatments are time consuming and cumbersome, require previous knowledge of the localization of peripheral nerve endings responsible for low back pain or normal impedance mapping of the back. The clinical documentation submitted lacks objective findings warranting the medical necessity for the request. The request submitted failed to provide a treatment site. Additionally, the guidelines do not recommend the use of trigger point impedance imaging. Therefore, the request is not medically necessary.