

Case Number:	CM14-0164627		
Date Assigned:	10/09/2014	Date of Injury:	03/06/2014
Decision Date:	11/25/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/06/2014

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 Emergency 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:

The patient was reported date of injury on 3/6/2014. Mechanism of injury is claimed to be cumulative trauma. Patient has diagnosis of cervicalgia, cervical sprain, cervical radiculopathy, bilateral shoulder strain, shoulder tenosynovitis, bilateral elbow strain, bilateral elbow epicondylitis, bilateral carpal tunnel syndrome, Thoracic spine strain, lumbago, lumbar radiculopathy, bilateral knee strain/internal derangement and bilateral foot strain. Medical reports reviewed. Last report available until 8/12/14. Due to pan-body pain complaints, this review will only review relevant parts of history related to this review with mostly relates to back complaints. The patient complains of neck pain, shoulder pain, bilateral elbow pain, bilateral wrist pain, mid back pain, low back pain, bilateral knee pain and bilateral ankle/knee pains. Pain is 6-9/10. All worst with any activity. Back pains are associated with numbness radiating to legs. Objective exam reveals reported multiple areas of tenderness to occipital scalp, neck sternocleidomastoids and reported trigger points. Range of motion (ROM) of neck is reduced. Positive cervical distraction, foraminal compression test. Shoulder exam reveals tenderness to AC joint, spasms, tenderness to supraspinatus, infraspinatus bilaterally. ROM is decreased but worst on R side. Positive Impingement and Empty can sign on R side. Limited motor exam due to pain. Reportedly decreased sensation along bilateral median nerve. Mid and low back exam reveals paraspinal pain and spasms. Decreased ROM. Positive Kemp, Straight leg raise bilaterally. Decreased sensation to L5-S1 bilaterally. Strength is limited due to pain. Note from 7/11/14 mentions pt was to undergo Localized Intense Neurostimulation Therapy but this was not approved by UR. There is no mention of why Trigger Point Impedance was requested. MRI of Cervical spine (6/4/14) Disc desiccation at C2-3 through C5-6 with loss of disc height at C5-6. C4-5 and C5-6 broad disc herniation with indentation of thecal sac and degenerative changes causing bilateral neuroforaminal stenosis. MRI of Thoracic Spine (6/4/14) revealed diffuse disc

desiccation, T4-5 and T7-8 broad based protrusion with no spinal stenosis or neural foraminal stenosis. MRI of lumbar spine(6/4/14) revealed multiple level disc bulges from L2-3 to L5-S1 with spina stenosis and bilateral foraminal stenosis at multiple levels and degenerative changes. Bilateral shoulder MRIs(6/4/14) revealed multiple non-specific findings of potential rotator cuff partial tears vs tendinosis, superior gleaned labral tears and osteoarthritic changes. The patient also received pan body multiple MRIs all dated 6/4/14 of elbow, knees, ankles, wrists and other body parts that were reviewed but not relevant to this review. No medication list was provided. Patient appears to be on Norco and Cyclobenzaprine. Provider also prescribed multiple non-FDA approved substances, it is not known if any of these were approved by UR. Documentation also shows request for various compounded creams. The patient has undergone acupuncture. Also has undergone unknown number of physical therapy sessions. Independent Medical Review is for Trigger Point Impedance Imaging. Prior UR on 9/8/14 recommended non-certification. Emergency Medicine Emergency Medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Points Impedance Imaging: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Trigger Point Impedance

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-Thoracic and Lumbar>, <Trigger Point Impedance Imaging

Decision rationale: MTUS Chronic pain and ACOEM guidelines do not deal with this topic. As per Official Disability Guidelines(ODG), Trigger Point Impedance imaging is not recommended. This "imaging" is part of a device that provides hyper stimulation analgesia which is also not recommended. The provider has not provided rationale for why this was requested. Evidence to support its use is very poor. Trigger Point Impedance imaging is not medically necessary.