

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0168155 | | |
| Date Assigned: | 10/30/2014 | Date of Injury: | 01/27/2012 |
| Decision Date: | 12/05/2014 | UR Denial Date: | 09/29/2014 |
| Priority: | Standard | Application Received: | 10/13/2014 |

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 Physical Medicine and Rehabilitation, 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 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 is a 72-year-old female with an injury date of 01/27/12. Based on the 08/28/14 progress report provided by [REDACTED], the patient complains of low back pain rated 7/10. Physical examination of the lumbar spine revealed grade 3 tenderness to palpation and spasm over the lumbar paraspinal muscles. Range of motion was restricted. Straight leg raise test was positive bilaterally. The patient's physical therapy is on hold at this time. She is prescribed FluriFlex and TgHot topical medications "to minimize possible neurovascular complications associated with the use of narcotic medications, as well as upper G.I. bleeding from the use of NSAID medications. Diagnosis 08/28/14- exacerbation of cervical spine pain- cervical spine discogenic disease with radiculitis- exacerbation of thoracic spine pain- exacerbation of lumbar spine pain- lumbosacral spine discogenic disease with radiculitis Trigger Point Impedance Imaging Report 08/14/14. - Indications: The patient was referred for TPII due to complaints of persistent lumbar spine pain following an injury at work. - TPII is performed to rule out diagnosis of lumbar spine and myofascial pain syndrome. - Ten clinically relevant trigger points were identified and mapped by TPII. - Results were consistent with lumbar spine and myofascial pain syndrome. Thereafter, patient underwent Localized Intense Neurostimulation Therapy (LINT). This was the patient's 3rd LINT procedure. She tolerated procedure well and reported 40% pain relief since baseline evaluation. The utilization review determination being challenged is dated 09/29/14. [REDACTED] is the requesting provider and he provided treatment reports from 03/17/14 - 09/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective trigger points impedance imaging provided on date of service 8/14/14:

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, Trigger Point Impedance Imaging

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lumbar spine chapter, hyperstimulation analgesia

Decision rationale: MTUS and ACOEM are silent regarding the request. ODG guidelines do discuss impedance mapping under hyperstimulation analgesia section in lumbar spine chapter. ODG does not support this type of mapping or treatment due to lack of adequate evidence. MTUS does discuss trigger point injections for myofascial pain. For identification of trigger point injections, examination findings including taut band and referred pain upon palpation is required and does not discuss any imaging needs. Impedance imaging to identify trigger points appears investigational and experimental. Search of the internet yields only minimal discussion of this study. Given the lack of support from the guidelines, and specific recommendations in MTUS on how to treat trigger points, the requested Trigger Point Impedance Imaging does not appear medically indicated. Therefore, Retrospective trigger points impedance imaging provided on date of service 8/14/14 is not medically necessary.

Retrospective Compounds provided on date of service 9/4/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams chronic pain section Topical Analgesics Page(s): 111.

Decision rationale: The MTUS has the following regarding topical creams (page 111, chronic pain section): Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Flexeril which is not supported for topical use per MTUS. Therefore, Retrospective Compounds provided on date of service 9/4/2014 is not medically necessary.

