

<b>Case Number:</b>	CM14-0168885		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	07/24/2014
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of July 24, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; unspecified amounts of manipulative therapy; a functional capacity evaluation; and genetic testing. In a Utilization Review Report dated September 22, 2014, the claims administrator denied a request for localized intense neurostimulation therapy and trigger point impedance imaging. Non-MTUS ODG guidelines were invoked to deny the request. The applicant's attorney subsequently appealed. In an August 4, 2014 progress note, the applicant was given prescriptions for Motrin, Relafen, Thera-Gesic cream, and a lumbar support. 6/10 low back pain was noted. The applicant was placed off of work for the remainder of the day and then given a 25-pound lifting limitation. On August 20, 2014 the applicant transferred care to a new primary treating provider, again noting complaints of mid back and low back pain with an ancillary complaint of testicular pain. Acupuncture, physical therapy, manipulative therapy, ultrasound of the testes, MRI imaging of the cervical spine, and MRI imaging of the lumbar spine were sought, along with genetic testing and drug testing. A lumbar support was also sought. Six sessions of localized intense neurostimulation therapy were also proposed, along with topical compounds and a TENS-EMS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Localized intense neurostimulation therapy, lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Low Back-Lumbar & Thoracic

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 300, percutaneous electrical nerve stimulation units have "no proven efficacy" in treating acute low back pain symptoms. In this case, the attending provider has failed to furnish any compelling applicant-specific rationale, narrative commentary, or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

**Trigger point impedance imaging, lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Low Back-Lumbar & Thoracic

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8, page 309. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 1. Infrared Thermal Imaging of Myofascial Trigger Points [www.dynamicchiropractic.com/mpacms/dc/article.php?id=43079](http://www.dynamicchiropractic.com/mpacms/dc/article.php?id=43079) by D BenEliyahu - Cited by 1 - Related articles Myofascial pain can be local to the trigger point as well as produce a referred pain ... Thermal imaging will display a "myofascial pattern" as opposed to a typical

**Decision rationale:** Trigger points impedance imaging, per the product description, appears to represent a form of thermal imaging of myofascial trigger points. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, thermography is deemed "not recommended." In this case, as with the request for localized intense neurostimulation therapy, the attending provider failed to proffer any compelling applicant-specific rationale, narrative commentary, or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.