

Case Number:	CM14-0027201		
Date Assigned:	03/26/2014	Date of Injury:	03/05/2013
Decision Date:	06/30/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/03/2014

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 and is licensed to practice in Illinois. 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 58 year old male with a reported injury date on 03/05/2013; the mechanism of injury was not provided. The re-evaluation note dated 06/10/2013 noted that the injured worker had complaints that included 7-9/10 neck pain that radiated into the left upper extremity with numbness and tingling of the left hand and 4th and 5th digits. Additional complaints included 7/10 left shoulder pain and unrated low back pain. Objective findings included tenderness along the joints from C2 to T1, spasms to the left cervical paraspinal muscles and left upper trapezius, range of motion measured at 20 degrees forward flexion and 5 degrees extension, and decreased sensation along the left C6 dermatome. Additional findings included tenderness along the supraspinatus tendon and acromioclavicular joint and a positive Hawkins Kennedy Test. The request for authorization form was not submitted.

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 .(ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC), Pain Procedure.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR

MEDICAL EVIDENCE: GORENBERG, M., & SCHWARTZ, K. IMAGING-GUIDED HYPERSTIMULATION ANALGESIA IN LOW BACK PAIN. JOURNAL OF PAIN RESEARCH, 2013, 487-491. RETRIEVED FROM [HTTP://WWW.NCBI.NLM.NIH.GOV/PMC/ARTICLES/PMC3700778/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3700778/)

Decision rationale: It was noted that the injured worker has complaints that included 7-9/10 neck pain, 7/10 left shoulder pain and unrated low back pain. Objective findings included tenderness along the joints from C2 to T1, spasms to the left cervical paraspinal muscles. Additional findings included tenderness along supraspinatus tendon and acromioclavicular joint. The article referenced stated that the technique shows promising results. However, it requires future investigation and randomized, controlled, longitudinal studies. As this technique is not currently recommended by peer reviewed literature and is considered still in the testing phase; the request is not medically necessary and appropriate.