

Case Number:	CM14-0032087		
Date Assigned:	06/20/2014	Date of Injury:	10/11/2013
Decision Date:	11/26/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/13/2014

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 injured worker is a 37-year-old male with an injury date of 10/11/13. Based on the 02/14/14 progress report provided by [REDACTED], the injured worker complains of low back pain. Physical examination of the lumbar spine revealed myospasm, tenderness to palpation and trigger points at the lumbar paraspinal muscles. Kemp's positive bilaterally. Injured worker had 4 chiropractic and 19 physical therapy visits to date. Per progress report dated 12/16/13 includes Tramadol, Flexeril, Omeprazole, and Gabapentin. Diagnosis 02/14/14- headache, post traumatic-headache, post traumatic chronic- status post head contusion, laceration repair (scalp)- chipped tooth- cervical radiculopathy- cervical sprain/strain- lumbar myospasm- lumbar sprain/strain- left wrist tenosynovitis- right carpal tunnel syndrome- right triangular fibrocartilage tear- right wrist sprain/strain- left knee internal derangement- left knee meniscus tear- left knee sprain/strain- left inguinal pain, r/o inguinal hernia- sprain/strain phalanx finger [REDACTED] is requesting Trigger Point Impedance Imaging (TPII) lumbar spine. The utilization review determination being challenged is dated 03/03/14. [REDACTED] is the requesting provider be provided frequent reports from 11/05/13 - 02/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Impedance Imaging (TPII) Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Hyperstimulation Analgesia

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hyperstimulation Analgesia-Lumbar Spine Chapter.

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. The request is not medically necessary.