

<b>Case Number:</b>	CM14-0039547		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/06/2005
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Pain Management 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 71-year-old female with a date of injury of 07/06/2005. The listed diagnoses per [REDACTED] are: Lumbar sprain/strain; DDD (degenerative disc disease), HNP (herniated nucleus pulposus) with stenosis; Bilateral knee sprain/strain. According to progress report 02/05/201 by [REDACTED] the patient presents with bilateral knee pain rated 7/10. The patient states the pain is constant and increases with weight-bearing and walking. The patient also complains of lumbar spine which is rated as 07/10. The patient is status post 2 LESIs (lumbar epidural steroid injections). Examination of the knee revealed tenderness and lateral instability. Request for authorization from 02/17/2014 requests trigger point impedance imaging and localized intense neurostimulation therapy (LINT). Utilization review denied the request on 03/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Impedance Imaging (location unspecified):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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: Labor Code 4610.5 (2) is used, "medically necessary" and "medical necessity" medical

treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury and based on the following standards which shall be applied in the order listed allowing reliance on a lower rank standard only if every high rank standard is inapplicable to the employee's medical condition.

**Decision rationale:** This patient presents with bilateral knee and lower back pain. The low back pain is constant with radicular pain to his feet with numbness and tingling. The bilateral knee pain is increased with weight-bearing and walking. The treater is requesting a trigger point impedance imaging. The medical file provided for review includes 2 progress reports. These reports do not provide a rationale for this request. Examination findings are limited. The MTUS, ACOEM, and ODG Guidelines do not discuss Trigger point Impedance (TPII). Therefore, the Labor Code 4610.5 (2) is used, medically necessary and medical necessity medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury and based on the following standards which shall be applied in the order listed allowing reliance on a lower rank standard only if every high rank standard is inapplicable to the employee's medical condition. In this case, the highest ranked standard is (d) expert opinion and it is unclear as to why the treater is requesting extensive nonstandard testing. While there is some discussion regarding this impedance imaging to identify trigger points, MTUS provides clear guidance under examination to identify trigger points. There is no reason to use an unproven diagnostic machine when a standard examination should suffice. Recommendation is that the request is not medically necessary.