

Case Number:	CM14-0039669		
Date Assigned:	06/27/2014	Date of Injury:	11/13/2013
Decision Date:	08/19/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	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 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 patient is a 55-year-old male who has submitted a claim for cervical myoligamentous sprain/strain and cervical facet joint syndrome associated with an industrial injury date of 11/07/2009. Medical records from 12/27/2013 to 05/01/2014 were reviewed and showed that patient complained of dull and achy neck pain (grade not specified) that was aggravated with physical activities. There was radiation into bilateral upper extremities with numbness and tingling into the hand. Physical examination revealed tenderness over bilateral paravertebral muscles and spasm over the upper trapezius. Cervical spine ROM was limited. MRI of the cervical spine dated 08/31/2010 revealed annular bulge, C5-6. Cervical spine CT myelogram dated 08/18/2010 revealed disc bulge C3-4 and C4-5. Treatment to date has included trigger point injections, physical therapy, and pain medications. Utilization review dated 03/21/2014 denied the request for trigger point impedance imaging because the medical necessity could not be established.

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 ncbi.nlm.nih.gov, Understanding the Vascular Environment of Myofascial Trigger Points using Ultrasonic Imaging and Computational Modeling Abstract.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, LINT therapy.

Decision rationale: The California MTUS does not apply. The ODG states that LINT is not recommended until there are higher quality studies. Initial results are promising, but only from two low quality studies sponsored by the manufacturer. The requesting provider does not establish circumstances that would warrant LINT therapy despite lack of positive evidence. Therefore, the request for trigger point impedance imaging (TPII) was not medically necessary.