

Case Number:	CM14-0041298		
Date Assigned:	06/20/2014	Date of Injury:	01/04/2012
Decision Date:	07/18/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/14/2014

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 Minnesota. 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 65-year-old male who reported an injury on 01/04/2012. The mechanism of injury was the injured worker bent over to pick up a monitor and as he turned to put it in a box something in his back popped. The injured worker's back immediately locked up and the injured worker fell down against the wall to his right side and the monitor fell on top of him. The documentation of 01/23/2014 revealed the injured worker had complaints of persistent lumbar spine pain following an injury at work. The trigger point impedance was being performed to rule out a diagnosis of lumbar spine and myofascial pain syndrome by objective identification and localization of clinical relevant myofascial trigger point. There were 10 relevant trigger points that were identified and mapped. The injured worker underwent localized intense neurostimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of trigger points impedance imaging (TPII) (Date of Service 1/23/14):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Procedure Summary last updated 02/13/2014.

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, Hyperstimulation analgesia.

Decision rationale: The California MTUS/ACOEM Practice Guidelines do not address specifically LINT therapy. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that hyperstimulation analgesia is not recommended until there are higher quality studies. There was no documentation of an examination prior to the 01/23/2014 treatment to request the service. There was no PR-2 nor DWC Form RFA to request the service. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the retrospective review of trigger points impedance imaging (TPII) (date of service 1/23/14) is not medically necessary.