

<b>Case Number:</b>	CM14-0065114		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/19/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Internal 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 suffered an injury on 6/19/13 and was diagnosed with pain in the forearm, pain in the wrist, sprain of the neck and lumbar region, and sprain of the knee and leg. The patient was noted on a 2/25/14 exam to demonstrate cervical and lumbar pain, bilateral wrist and hand pain, and bilateral knee pain, and was noted to have cervical and lumbar pain on palpation and a positive straight leg test. On 4/16/14 the UR committee denied the request for trigger point impedance imaging.

### 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 Official Disability Guidelines, low back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**Decision rationale:** No documentation of the rational for using this test, expected outcomes, and need for this test were noted in the records. Additionally, the above test was researched in the literature and no information or mention of this specific test was available. Without proper documentation of the rational for this test, symptoms being investigated, or a proper description

of how this test would proceed and the benefits to the patient, the request is not medically necessary.