

<b>Case Number:</b>	CM14-0164850		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 4, 2013. In a Utilization Review Report dated October 1, 2014, the claims administrator failed to approve a request for trigger point impedance imaging and concurrently denied a request for Neurostimulation therapy. The claims administrator stated that it was invoking non-MTUS ODG guidelines in both instances. The claims administrator stated that its decision was based on an RFA form dated September 23, 2014. The applicant's attorney subsequently appealed. In a progress note dated February 19, 2014, the applicant presented with multifocal neck, shoulder, low back, and bilateral knee pain. Eight sessions of physical therapy, an orthopedic referral, a pain management referral, and a rather proscriptive 15-pound lifting limitation were endorsed. It did not appear that the applicant was working with said limitation in place. In a comprehensive consultation dated December 27, 2013, the applicant reported ongoing complaints of low back pain. The applicant was not working, it was acknowledged. The remainder of the file was surveyed. The September 23, 2014 RFA forms, the August 27, 2014 RFA form, and August 27, 2014 progress note on which the articles in question were sought were not incorporated into the Independent Medical Review packet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Impedance Imaging 6-12 wks: 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 (updated 8/22/14)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation ODG Low Back Chapter, Trigger Point Impedance Imaging topic

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, thermography, an article which is essentially analogous to the trigger point impedance imaging at issue, is deemed "not recommended." Similarly, ODG's Low Back Chapter Trigger Point Impedance Imaging topic likewise notes that trigger point impedance imaging is "not recommended" to identify myofascial trigger points. In this case, the attending provider did not proffer any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM and ODG positions on the article at issue, although it is acknowledged that the August and September 2014 progress notes on which the article in question was sought were not incorporated into the Independent Medical Review packet. The information which is on files, however, failed to support or substantiate the request in the face of the unfavorable ACOEM and ODG positions on the same. Therefore, the request is not medically necessary.

**Neurostimulation therapy 1x wk 6-12 wks:** 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 (updated 8/22/14)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Neuromodulation Therapy (PNT) topic Page(s): 98.

**Decision rationale:** Based on the description of services being sought, the request in question represents a form of percutaneous neuromodulation therapy or PNT, which, per page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, is deemed "not recommended" and "investigational." In this case, the attending provider did not seemingly furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable MTUS position on the article at issue, although it is acknowledged that the August and September 2014 progress notes and RFA form on which the article in question was sought were seemingly not incorporated into the Independent Medical Review packet. The information which is on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.