

Case Number:	CM14-0040139		
Date Assigned:	06/27/2014	Date of Injury:	10/02/2013
Decision Date:	09/28/2015	UR Denial Date:	03/12/2014
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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old female, who sustained an industrial injury on 10-2-2013. She reported pain in her neck, upper and lower back, left shoulder, right knee and right foot due to a motor vehicle accident. Diagnoses have included cervical sprain-strain, lumbar sprain-strain, right knee sprain-strain and right ankle sprain-strain. Treatment to date has included physical therapy and medication. According to the progress report dated 2-1-2014, the injured worker complained of occasional, mild, dull neck pain. She complained of intermittent, moderate, sharp low back pain. She complained of intermittent, moderate sharp right knee pain and stiffness. She also complained of moderate, sharp right ankle pain and stiffness. Objective findings revealed tenderness to palpation and muscle spasm of the cervical and lumbar paravertebral muscles. Authorization was requested for trigger point impedance imaging of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) trigger point impedance imaging of the lumbar spine: Upheld

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

<http://www.ncbi.nlm.nih.gov/pmc/articles/pmc3700778> Guideline Title: Imaging-guided hyperstimulation analgesia in low back pain.

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, under Trigger Point Impedance Imaging.

Decision rationale: Based on the 2/1/14 progress report provided by the treating physician, this patient presents with occasional neck pain, intermittent and sharp lumbar pain, and moderate right knee/ankle pain aggravated by prolonged walking. The treater has asked for ONE (1) TRIGGER POINT IMPEDANCE IMAGING OF THE LUMBAR SPINE but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient does not have a history of surgeries per review of reports. The patient has not had prior trigger point impedance imaging of the lumbar spine per review of reports. The patient ambulates without any assistive devices per 2/12/14 report. The patient's work status is not included in provided documentation. ODG Low Back Chapter, under Trigger Point Impedance Imaging: Not recommended. See Hyperstimulation analgesia. The Nervomatrix device combines trigger point impedance imaging with hyperstimulation analgesia. (Gorenberg, 2013) ODG Low Back Chapter, under Hyperstimulation Analgesia: Not recommended until there are higher quality studies. Initial results are promising, but only from two low quality studies sponsored by the manufacturer (██████████, ██████████). Localized manual high-intensity neurostimulation devices are applied to small surface areas to stimulate peripheral nerve endings (A-fibers), thus causing the release of endogenous endorphins. This procedure, usually described as hyperstimulation analgesia, has been investigated in several controlled studies. However, such treatments are time consuming and cumbersome, and require previous knowledge of the localization of peripheral nerve endings responsible for LBP or manual impedance mapping of the back, and these limitations prevent their extensive utilization. In regard to the trigger point impedance imaging of lumbar, the requested imaging technique is not yet supported by guidelines. ODG indicates that there are currently only two low-quality, manufacturer sponsored studies addressing the effectiveness of such imaging techniques. It is not clear why traditional imaging methods are not adequate to identify any underlying pathology in this patient. Given the lack of firm guideline support for the use of such imaging to improve the course of care, the request as written cannot be substantiated. The request IS NOT medically necessary.