

Case Number:	CM14-0138190		
Date Assigned:	09/05/2014	Date of Injury:	01/05/2014
Decision Date:	10/31/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/26/2014

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:

Injured worker is a male with date of injury 1/5/2014. Per primary treating physician's progress report dated 7/18/2014, the injured worker complains of constant moderate dull, achy, sharp low back pain. Pain is aggravated by sitting, standing, bending and squatting. He states physical therapy and medication help decrease spasm and increase range of motion. On examination there is tenderness to palpation of paravertebral muscles at the lumbar spine. Lumbar spine range of motion is flexion 50/60, extension 15/25, left lateral bending 20/25, right lateral bending 20/25. There is muscle spasm of the lumbar paravertebral muscles. Kemp's causes pain bilaterally. Sitting straight leg raise is positive on the right. Diagnoses include 1) lumbar muscle spasm 2) lumbar pain 3) lumbar radiculopathy 4) lumbar sprain/strain 5) rule out lumbar disc protrusion 6) status post surgery, lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Impedance Imaging (TPII) 1x/wk x 12wks to the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG), Low Back chapter, Hyperstimulation Analgesia section

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines do not address the use of trigger point impedance imaging. Per the Official Disability Guidelines (ODG), hyper stimulation analgesia 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 request for Trigger Point Impedance Imaging (TPII) ones time a week for twelve weeks to the lumbar spine is determined to not be medically necessary.