

Case Number:	CM14-0143650		
Date Assigned:	09/12/2014	Date of Injury:	07/24/2013
Decision Date:	10/10/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 is a 57-year-old female with date of injury of 07/24/2013. The listed diagnoses per [REDACTED] from 05/27/2014 are: 1. Neck sprain 2. Thoracic sprain 3. Lumbar sprain 4. Shoulder and upper arm sprain 5. Bilateral elbow sprain/strain 6. Bilateral wrist sprain 7. Bilateral knee sprain According to this handwritten progress report, the patient complains of intermittent mild body pain. The patient does not report radiculopathy. She states that pain increases with sitting and walking and ADLs. The patient rates her pain 3 to 5/10. The exam shows tenderness in the shoulders; Positive Kemp's test bilaterally; Negative straight leg raise. The utilization review denied the request on 08/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR TRIGGER POINT IMEDANCE IMAGING (TPII): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: This patient presents with body pain. The treater is requesting lumbar trigger point impedance imaging. The records show that the patient received two TPII on 07/23/2014 and 07/30/2014. It appears that the treater went ahead with the procedure prior to utilization review. There is currently no discussion for trigger point impedance imaging in MTUS or ODG guidelines. No other guidelines such as AETNA or state guidelines that discuss impedance imaging for trigger points. MTUS guidelines, however, provide a clear direction as to how trigger points should be approached. It recommends relying on specific physical examination findings and does not discuss any "impedance imaging," or other imaging aids. Search of the web and medline show only couple of references to this technique for identifying trigger points and there is lack of sufficient support. Therefore, this request is not medically necessary.