

Case Number:	CM13-0053634		
Date Assigned:	12/30/2013	Date of Injury:	04/25/2011
Decision Date:	05/27/2015	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/18/2013

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 33 year old female, who sustained an industrial injury on 4/25/11. She reported cumulative trauma. The injured worker was diagnosed as having lumbar disc displacement; asthma NOS; lumbar/lumbosacral disc degeneration; lumbosacral neuritis NOS; spinal stenosis NOS; brachial neuritis NOS; neurotic depression; insomnia NEC; spasm of muscle; neuralgia/neuritis NOS; neck sprain; lumbar region sprain. Treatment to date has included chiropractic therapy; chiropractic decompressive procedure; home TENS unit; physical therapy; medications. Diagnostics included MRI left wrist (8/10/11); MRI cervical and lumbar spine (8/10/11). Currently, the PR-2 notes dated 10/15/13 indicated the injured worker complains of frequent moderate dull, achy, sharp neck pain associated with repetitive looking up and down motion. The lumbar spine complaints are constant moderate, dull, achy, sharp low back pain, aggravated by lifting 10 pounds, repetitive standing, walking, driving, climbing stairs and bending. She also complains of intermittent moderate dull, achy, sharp, left wrist pain with tingling and weakness associated with grabbing, grasping, and squeezing. Her cervical and lumbar spine, as well as left wrist range of motion are all decreased and painful. This provider has requested Outpatient Trigger Point Impedance Imaging) TPII.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Trigger Point Impedance Imaging (TPII): 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 Imaging-guided hyper-stimulation analgesia in low back pain. Gorenberg et al. PUBMED/MEDLINE.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG was also silent. I was only able to locate a small clinical study regarding this technique: Imaging-guided hyper-stimulation analgesia in low back pain. Gorenberg et al. It noted low back pain in patients with myofascial pain syndrome is characterized by painful active myofascial trigger points (ATPs) in muscles. This article reviewed a novel, noninvasive modality that combines simultaneous imaging and treatment, thus taking advantage of the electrodermal information available from imaged ATPs to deliver localized neuro-stimulation, to stimulate peripheral nerve endings and in turn, to release endogenous endorphins. Although the success rate was claimed to be high, it was a limited, small scope trial not generalizable to injured populations in general. The request at present is appropriately not medically necessary.