MAXIMUS Federal Services

Case Number:	CM14-0145716		
Date Assigned:	09/12/2014	Date of Injury:	05/16/2012
Decision Date:	02/13/2015	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/08/2014

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 Rehab, has a subspecialty in Interventional Spine Pain Management 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 32-year-old male with a date of injury of 05/16/2012. According to progress report dated 06/30/2014, the patient presents with constant dull, achy, sharp low back pain with stiffness and weakness noted. It was noted the patient has completed 3 sessions of Lint, which has helped decreased his spasm. Patient also suffers from depression, anxiety, and irritability. Examination of the lumbar spine revealed trigger points at paraspinals bilaterally in the lower back. There is TTP bilaterally in the plantar fascia. Ranges of motion are decreased and painful in all planes. There is tenderness to palpation of the lumbar paravertebral muscles and muscle spasms noted. Kemp's test and sitting straight leg raise are both positive bilaterally. The listed diagnoses are: 1. Plantar Fasciitis. 2. Lumbar disk protrusion. 3. Lumbar muscle spasm. 4. Lumbar radiculopathy. 5. Lumbosacral sprain/strain. 6. Anxiety. 7. Depression. 8. Irritability. 9. Nervousness. The current request is for trigger point impedance imaging. The utilization review denied the request on 08/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Impedance Imaging: 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 Hyperstimulation Analgesia

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic Chapter, Hyperstimulation analgesia

Decision rationale: This patient presents with chronic stiffness, weakness, and low back pain. The current request is for trigger point impedance imaging. The MTUS and ACOEM are silent regarding this request. The ODG guidelines do discuss impedance mapping under "Hyperstimulation analgesia" section in the low back chapter. ODG does not support this type of mapping or treatment due to lack of adequate evidence. The MTUS guidelines page 122 does discuss trigger point injections for myofascial pain. For identification of trigger point injections, examination findings including taut band and referred pain upon palpation is required and does not discuss any imaging needs. Impedance imaging to identify trigger points appears investigational and experimental. Search of the internet yields only minimal discussion of this study. Given the lack of support from the guidelines, and specific recommendations in MTUS on how to treat trigger points, the requested Trigger Point Impedance Imaging is not medically necessary.