Case Number:	CM15-0175342		
Date Assigned:	09/16/2015	**Date of Injury:**	02/26/2014
Decision Date:	10/19/2015	**UR Denial Date:**	08/07/2015
Priority:	Standard	**Application Received:**	09/04/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 35 year old male, who sustained an industrial injury on 2-28-2014. Diagnoses include lumbar disc displacement and status-post surgery, lumbar spine. Treatment to date has included surgical intervention (right lumbar laminectomy and discectomy, 2014), diagnostics, modified activity, heat, ice, TENS, home exercise, physical therapy, epidural injections, and medications including NSAIDs. Per the Primary Treating Physician's Progress Report dated 7-13-2015, the injured worker reported frequent, moderate, 6 out of 10 dull, achy throbbing low back pain, stiffness, numbness, tingling and weakness. Objective findings included no bruising, swelling, atrophy or lesion present at the lumbar spine. Per the medical records dated 6-10-2015, he reported moderate, dull 4 out of 10 dull, achy throbbing low back pain. The plan of care included functional capacity evaluation, spine surgeon consultation, LINT therapy lumbar spine, psychiatric consultation, continuation of aqua therapy, medication management and follow-up care. He was to remain off work until 9-19-2015. 8-07-2015, Utilization Review non-certified the request for trigger point impedance imaging and report (DOS 7-13-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro-review: Trigger point impedence imaging & report (DOS 7/13/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter Hyperstimulation analgesia; pain Rest Treat. 2011; 2011: 152307. doi:10.1155/2011/152307. Epub2011 Apr 21 A novel image-guided, automatic, high-intensity neurostimulation device for the treatment of nonspecific low back pain. Gorenberg M1, Schiff E, Schwartz K, Eizenberg E.

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-Lumbar & Thoracic (Acute & Chronic) Hyperstimulation analgesia.

Decision rationale: The claimant sustained a work injury in February 2014 and is being treated for low back pain after falling from a golf cart. When seen, there was supraspinous and iliolumbar ligament tenderness. There was decreased active lumbar range of motion. LINT treatments including trigger point mapping is being requested. Localized intensive neurostimulation (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 low back pain or manual impedance mapping of the back, and these limitations prevent their extensive utilization. The treatment is not recommended until there are higher quality studies and therefore impedance mapping was not medically necessary.