

Case Number:	CM13-0000511		
Date Assigned:	08/23/2013	Date of Injury:	01/14/2013
Decision Date:	01/09/2014	UR Denial Date:	05/20/2013
Priority:	Standard	Application Received:	05/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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.

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 underlying date of injury in this case is 01/14/2013. The patient has presented with continued low back pain with radiculopathy to the right lower extremity. MRI imaging has demonstrated an L4-5 disc protrusion. The patient reported he underwent aquatic therapy with good results. An initial physician review considered this request to be equivalent to percutaneous electrical nerve stimulation and indicated that this was not supported by the treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Localized intensive neurotransmitter therapy for lumbar spine, 2 times a week for 3 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous neuromodulation therapy (PNT) Page(s): 98.

Decision rationale: This treatment appears to be a form of percutaneous neuromodulation therapy. The Chronic Pain Medical Treatment Guidelines, states "Not recommended. Percutaneous neuromodulation therapy is considered investigational." The medical records provide very limited information regarding whether this requested localized intensive neurotransmitter therapy is equivalent to percutaneous neuromodulation therapy or otherwise

that rationale and nature on this request. In any of these scenarios, this request appears to be investigational and/or without specific documentation as to the nature of the treatment. The request for localized intensive neurotransmitter therapy two (2) times a week for three (3) weeks for the lumbar spine is not medically necessary and appropriate.