

Case Number:	CM13-0024804		
Date Assigned:	11/20/2013	Date of Injury:	05/29/2007
Decision Date:	01/06/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/16/2013

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. The expert reviewer is licensed in Chiropractic and Acupuncture, 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. 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:

Claimant is a 36 year old male who was involved in a work related injury on 5/29/07. His primary diagnoses are lumbosacral neuritis/radiculitis, lumbar strain, and displacement of lumbar IVD without myelopathy. On a pr-2 dated 8/15/2013, the claimant complains of frequent, throbbing left lower back and left extremity pain. He also has numbness and tingling down to the left foot. His pain worsens with repetitive movements and difficulty falling asleep. Palliative factors include rest, activity modifications, and pain medications. Valsalva, Kemp's, Yeomans' and Iliac compression are positive. Prior treatment has included oral medications, activity, rest, injections, neuroplasty, facet block, and chiropractic. He had a prior unsuccessful lumbar surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of localized intense neurostimulation therapy for the lumbar spine: 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 : Hindawi Publishing Corporation, Pain research and treatment, Volume 2011, Article 152307.

Decision rationale: There are no evidenced based guidelines or recommendations on LINT therapy. The provider does not detail or cite evidence to substantiate why LINT therapy would be useful on the claimant instead of other forms of therapies that have evidenced based guidelines. From the AME dated 5/29/2013, it does not cite LINT as a recommended therapy for future medical care. It states that the claimant should have access to office visits, medication, lumbosacral bracing, epidural injection, diagnostic testing, and future lumbosacral surgery including postoperative formal therapy. According to the research article, LINT therapy is still in the preliminary stages of testing. Therefore LINT therapy is not medically necessary.