

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0035289 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 01/07/2011 |
| Decision Date: | 08/21/2014 | UR Denial Date: | 10/23/2013 |
| Priority: | Standard | Application Received: | 11/01/2013 |

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 Board Certified in Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 7, 2011. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic therapy, physical therapy, and acupuncture; and extensive periods of time off of work, on total disability. In a Utilization Review Report dated October 23, 2013, the claims administrator denied a request for localized intense neurostimulation therapy, which it interpreted as a form of percutaneous electrical neural stimulation. The applicant's attorney subsequently appealed. The applicant, it is incidentally noted, had apparently developed derivative psychiatric complaints, it is further noted. In a progress note/request for authorization form dated October 3, 2013, the attending provider seemingly sought authorization for extracorporeal shock wave therapy, chiropractic manipulative therapy, physical therapy, and the LINT therapy in question. Little or no narrative commentary was provided. The note employed preprinted checkboxes and preprinted form letters. In another handwritten progress note of August 5, 2013, the applicant was again asked to pursue six sessions of chiropractic manipulative therapy, six sessions of acupuncture, MRI imaging of the cervical and lumbar spines, a functional capacity evaluation, neurosurgery consultation, and localized intense neurostimulation therapy to the lumbar spine while remaining off of work, on total disability, for an additional six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Localized intense neurostimulation therapy (lint) for thoracic and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Neuromodulation Therapy topic Page(s): 98. Decision based on Non-MTUS Citation Pain Research and Treatment, 2011.

Decision rationale: Based on a 2011 article appearing in Pain Research and Treatment, localized intense neurostimulation therapy or LINT appears to represent a form of percutaneous neuromodulation therapy (PNT), a variant of PNS in which up to 10 electrodes are temporarily placed at anatomic landmarks in the back. As noted on page 98 of the MTUS Chronic Medical Treatment Guidelines, however, PNT is considered (investigational) and is "not recommended." In this case, the attending provider has not furnished any compelling applicant-specific rationale, narrative commentary, or medical evidence which would offset the unfavorable MTUS recommendation. The request was initiated through a progress note which employed preprinted checkboxes and contained very little in the way of narrative commentary. Therefore, the request is not medically necessary.