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| Case Number: | CM13-0051446 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 05/20/2013 |
| Decision Date: | 10/17/2014 | UR Denial Date: | 10/10/2013 |
| Priority: | Standard | Application Received: | 10/30/2013 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 38 year old female with an original industrial on 5/20/2013. The patient's covered body regions as part of this industrial injury includes the neck, thoracic spine, and lumbar spine. The patient had a lumbar MRI which demonstrated L4-5 herniated nucleus pulposus. The disputed request is for LINT. A utilization review decision had denied this request, citing a lack of evidence for this form of therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LINT TREATMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Stimulation Section Page(s): 121. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Gorenberg et al. "A Novel Image-Guided, Automatic, High-Intensity Neurostimulation Device for the Treatment of Nonspecific Low Back Pain." Pain Research and Treatment Volume 2011 (2011), Article ID 152307, 6 pages.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, Official Disability Guidelines, and ACOEM do not specifically reference localized intense neurostimulation therapy

(LINT). There is limited evidence-based studies to support this. The limited studies on intense neurostimulation therapy are pilot studies and further research is necessary. An example of such a study is Gorenberg et al. "A Novel Image-Guided, Automatic, High-Intensity Neurostimulation Device for the Treatment of Nonspecific Low Back Pain. Pain Research and Treatment Volume 2011 (2011), Article ID 152307, 6 pages." Furthermore, the Chronic Pain Medical Treatment Guidelines on pages 121 do not recommend any form of neuromuscular electrical stimulation for chronic pain disorders. Given the lack of evidence, this request is not medically necessary.