

Case Number:	CM13-0054994		
Date Assigned:	12/30/2013	Date of Injury:	05/29/2007
Decision Date:	03/21/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/20/2013

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. 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 patient is a 36-year-old male who injured his low back on 5/29/2007. The treatment history has included medications, chiropractic treatment, and epidural injection facet blocks. The past surgical history included lumbar laminectomy and foraminotomy at L5-S1 on 03/20/2008. An electromyography/nerve conduction velocity (EMG/NCV) of the lower extremities that was performed on 06/01/2012, were reported as normal. An MRI of the lumbar spine, dated 05/16/2012 shows degenerative disc disease (DDD) and a one (1) mm disc bulge at L4-5 and L5-S1. He has had three (3) Trigger Point Impedance Imaging procedures (11/08/2013, 11/15/2013 and 11/25/2013). Clinic notes dated 11/01/2013 report that the patient presented with complaints of frequent lower left back pain traveling to the left lower extremity, which was described as throbbing and rated the pain as a four (4) on a numeric scale of 0-10. He also complained of numbness and tingling in the left foot. A physical exam of the lumbar Spine showed: Minor's Sign, Heel walk (L5), Toe Walk (S1) and Patrick-Fabere tests were negative on both sides. Valsalva, Kemp's Test/Facet, Yeoman's test and Iliac compression revealed pain on both sides. Reflexes for the knees, hamstrings and ankles were normal bilaterally. The patient had no loss of sensibility, abnormal sensation or pain in the L1, L2, L3, L4, L5, S1 or S2 spinal dermatomes. The range of motion was decreased in the lumbar spine flexion, lumbar spine extension, lumbar spine lateral bending, and lumbar spine rotation. He was given the diagnoses of failed lumbar spine surgery syndrome in 03/2008, Thoracic or lumbosacral neuritis or radiculitis unspecified, lumbar sprain, and anxiety. A request was made for six (6) TPII/LINT therapy sessions on the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Localized Intense Neurostimulation Therapy sessions for the lumbar spine between 11/8/2013 and 1/7/2014: 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 Official Disability Guidelines (ODG), Low Back, Hyperstimulation analgesia.

Decision rationale: The request is for a procedure that is still being studied for efficacy. The Official Disability Guidelines indicate that neurostimulation therapy is not recommended until there are higher quality studies. The initial results were promising; however, they were sponsored by the manufacturer. The patient is noted to have had an essentially normal examination recently, which would not require this type of ongoing therapy. Therefore, the request is non-certified.