

<b>Case Number:</b>	CM13-0057672		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/11/2013
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 & 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 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 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 01/11/2013. The primary diagnosis is muscle spasm. The treating diagnoses include lumbar musculoligamentous injury, lumbar myospasm, lumbar pain, lumbar disc protrusion, and sleep disturbance. On 10/21/2013, the patient's treating chiropractor submitted a primary treating physician's PR-2 report. The patient was noted to have ongoing lumbar pain with a slow and guarded gait and with trigger points at the paraspinals bilaterally. Lumbar motion was limited in multiple directions. The patient demonstrated muscle spasm at the lumbar paravertebrals. Straight leg raising caused pain bilaterally. Treatment recommendations included acupuncture, physical therapy, an MD referral for medications, and LINT (localized intense neurotransmitter therapy) therapy with 6 sessions to the lumbosacral spine to increase range of motion and activities of daily living and to decrease pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LINT physical therapy twice a week for three weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 97-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Neuromodulation Therapy Page(s): 98.

**Decision rationale:** The requested LINT treatment, or localized intense neurotransmitter therapy, is a form of percutaneous neuromodulation therapy. The Medical Treatment Utilization Schedule discusses percutaneous neuromodulation therapy in the Chronic Pain Medical Treatment Guidelines on page 98. This guideline states that the requested treatment is considered to be investigational in nature and is a variant of PENS in which up to 10 fine-filament electrodes are temporarily placed at specific anatomical landmarks in the back. The medical records in this case do not provide a rationale as to why investigative treatment would be necessary or indicated. This request is not medically necessary.