

Case Number:	CM13-0058154		
Date Assigned:	12/30/2013	Date of Injury:	02/10/2012
Decision Date:	04/10/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/26/2013

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 Family Practice, and is licensed to practice in Texas. 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 patient is a 58-year-old female who reported an injury on 2/10/12. The patient was treated with chiropractic treatment. The mechanism of injury was noted to be cumulative trauma. Per the documentation of 10/17/13, it was indicated the patient had complaints of pain in the cervical, thoracic, and lumbar spine and bilateral shoulders. Objectively, the patient was noted to have a cervical compression test that was positive and a shoulder depression test that was positive bilaterally. The patient was noted to have +3 tenderness to palpation of the thoracic paravertebral muscles with muscle spasm of the thoracic paravertebral muscles. The Kemp's test was positive bilaterally. The patient had trigger points of the paraspinals bilaterally at the lumbar spine. There was +3 tenderness to palpation of the lumbar paravertebral muscles and muscle spasm of the lumbar paravertebral muscles. The straight leg raise caused pain bilaterally. The patient's diagnoses were noted to include lumbar disc protrusion, lumbar musculoligamentous injury, lumbar radiculopathy, lumbar sprain/strain, cervical disc protrusion, cervical muscle spasm, cervical radiculopathy, and cervical sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 LOCALIZED INTENSE NEUROSTIMULATION THERAPY (LINT) SESSIONS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 115-116, 121.

Decision rationale: The California MTUS guidelines indicate that a neuromuscular electrical stimulation (NMES) device is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. A one-month trial of a TENS unit is recommended if it is used as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The patient had tenderness to palpation; however, the clinical documentation submitted for review failed to indicate documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for 6 LINT sessions for the lumbar spine is not medically necessary.