

Case Number:	CM14-0103386		
Date Assigned:	07/30/2014	Date of Injury:	09/02/2013
Decision Date:	08/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/03/2014

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 & Rehab and is licensed to practice in Nevada. 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 43-year-old male who was reportedly injured on September 2, 2013. The mechanism of injury was stated as backing up a truck that hit a loading dock. The most recent progress note dated June 4, 2014, indicated that there were ongoing complaints of neck pain, low back pain and right knee pain. Current medications include Ultram, Vicodin and ibuprofen. The physical examination demonstrated tenderness along the cervical spine paravertebral muscles. There were decreased cervical spine range of motion and multiple trigger points. The examination of the lumbar spine also noted tenderness at the paravertebral muscles and multiple trigger points. There was decreased lumbar spine range of motion with muscular guarding. There was a normal upper and lower extremity neurological examination. Diagnostic imaging studies of the right knee revealed a tear at the posterior horn of the medial meniscus. A magnetic resonance image of the lumbar spine revealed bilateral facet arthropathy at L4-L5 and L5-S1. There were also disk bulges at L3-L4 and L4-L5. Previous treatment included a right knee partial meniscectomy, physical therapy, and chiropractic care. A request was made for LINT (Localized Intense Neurostimulation Therapy) treatment for the back and was not certified in the pre-authorization process on June 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LINT (Localized Intense Neurostimulation Therapy) TX Back 1 X 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, the use of LINT is not recommended. This device is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Considering this, the request for LINT (Localized Intense Neurostimulation Therapy) for the back 1 X 6 is not medically necessary.