

Case Number:	CM14-0107312		
Date Assigned:	08/01/2014	Date of Injury:	12/16/2012
Decision Date:	10/14/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/10/2014

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 Emergency 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:

Patient with reported date of injury on 12/16/2012. No mechanism of injury was provided for review. Patient has a diagnosis of cervical spine pain, cervical spine disc displacement, cervical radiculopathy, low back pain, lumbar disc displacement, lumbar radiculopathy, bilateral knee pain, bilateral knee meniscus injury anxiety and depression. Medical reports reviewed. Last report available until 5/14/14. Patient complains of burning pain to neck and low back. Pain is 7-8/10. Pain is associated with muscle spasms. Also has complains of bilateral knee pains, insomnia and depression. Objective exam reveals tenderness to occipital scalp and spinous process in cervical region. Tenderness with range of motion (ROM). Positive cervical distraction, Maximal foraminal compression test is negative. Lumbar exam reveals spinous process tenderness at L4-S1 with decreased ROM. Knee exam is not relevant to this review. MRI of lumbar spine (12/5/13) reveals disc desiccation with loss of disc height at L5-S1, L4-5 and L5-S1 with broad based disc herniation causing neuroforaminal stenosis and spinal canal stenosis. MRI of Cervical spine (11/2/13) reveals C4-5 broad based disc herniation with stenosis of spinal canal. Bilateral uncovertebral joint degeneration L worst than R side. C5-6 also shows similar changes. Medications include Synapryn, Tabradol, Deprizine, Dicopanol and Fanatrex. Independent Medical Review is for "localized intense neurostimulation" therapy once a week for 6 weeks (6 total) of cervical and lumbar spine. Prior UR on 7/1/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Localized intense neurostimulation therapy once a week for 6 weeks, cervical and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 06/10/14)

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-Lumbar and Thoracic>, <Hyperstimulation Analgesia>

Decision rationale: MTUS Chronic pain and ACOEM guidelines do not have any appropriate sections that deal with this topic. As per Official Disability Guidelines(ODG), Localized high-intensity neurostimulation also known as Hyperstimulation Analgesia is not recommended. There is not enough evidence to support its recommendation with some early pilot studies showing some utility. There is documentation from provider as to why this was requested and not other more commonly used and more evidence based modalities. Requested therapy is not medically necessary.