

Case Number:	CM14-0108329		
Date Assigned:	09/16/2014	Date of Injury:	04/27/2012
Decision Date:	11/06/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/11/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 42-year-old male with a 4/27/12 date of injury. At the time (6/27/14) of Decision for Localized intense Neurostimulation Therapy Thoracic Spine x 3 sessions, there is documentation of subjective (low back pain) and objective (trigger points present at the thoraco-lumbar spine paraspinals bilaterally, decreased range of motion of the lumbar spine, tenderness to palpitation and muscle spasm at the lumbar paravertebral muscles, and positive straight leg raise and Kemp's test) findings, current diagnoses (lumbar sprain/strain, lumbar radiculopathy, and lumbar muscle spasm), and treatment to date (acupuncture and medication).

IMR ISSUES, DECISIONS AND RATIONALES

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

Localized intense Neurostimulation Therapy Thoracic Spine x 3 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 06/10/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 12.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that localized intense neurostimulation therapy (LINT) is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Localized intense Neurostimulation Therapy Thoracic Spine x 3 sessions is not medically necessary.