

Case Number:	CM14-0112646		
Date Assigned:	08/01/2014	Date of Injury:	08/09/2012
Decision Date:	09/10/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/18/2014

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 & Rehabilitation 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 records, presented for review, indicate that this 58-year-old female who was reportedly injured on August 9, 2012. The mechanism of injury was noted as repetitive trauma from opening the door of a truck. The most recent progress note, dated June 2, 2014, indicated that there were ongoing complaints of neck pain, low back pain, bilateral shoulders pain, and bilateral wrists pain. The physical examination demonstrated tenderness and decreased range of motion of the cervical spine and lumbar spine. There were also lumbar spine spasms noted. There was a positive straight leg raise test and decreased sensation in the L4 through S1 dermatomes. Examination of the shoulders and wrists revealed decreased range of motion and tenderness. There was decreased sensation in the C5 through T1 dermatomes. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request had been made for localized high-intensity neurostimulation (LINT) and was not certified in the pre-authorization process on July 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LINT to Lumbar Spine (Localized High-Intensity Neurostimulation): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines do not recommend neuromuscular electrical stimulation devices except as part of a rehabilitation program following a stroke. There is no evidence to support its use for chronic pain. Considering this, the request for localized high-intensity neurostimulation for the lumbar spine is not medically necessary.