

Case Number:	CM14-0113274		
Date Assigned:	09/22/2014	Date of Injury:	01/20/2004
Decision Date:	10/21/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/21/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 53 year old male with an injury date of 02/20/04. The 05/30/14 report states that the patient presents status post lumbar spine fusion (date unknown) with constant residual pain rated 7/10 with radiating pain, numbness and tingling of the left lower extremity. He also presents status post left knee surgery (date unknown) with constant sharp, stabbing residual pain rated 8/10. The patient is noted to be temporarily totally disabled until 06/30/14. Examination of the lumbar spine reveals a well healed surgical incision, +2 tenderness at the bilateral lumbar paraspinal muscles and at the sacro-tuberous ligaments and psiss with decreased range of motion. Positive Kemp's, Sitting Root and Tripod sign were noted. Examination of the left knee reveals well healed surgical puncture wounds, tenderness over the medial and lateral joint line and the patellofemoral joint, decreased range of motion with positive McMurray's and Lachman's. The patient's diagnose include: 1. Lower back pain 2. Status post lumbar spine surgery 3. Lumbar disc displacement per MRI dated 01/16/14 4. Lumbar disc degeneration per MRI dated 01/16/14 5. Radiculopathy, lumbar region r/o 6. Status post left knee repair w/l residual pain 7. Sprain of lateral collateral ligament of left knee per MRI dated 01/16/14 8. Tear of medial meniscus, current injury, left knee, per MRI dated 01/16/14 9. Synovitis and tenosynovitis, left lower leg, per MRI dated 01/16/14 10. Varicose veins of lower extremities left per MRI dated 01/16/14. The utilization review being challenged is dated 06/27/14. Reports from 09/06/05 to 05/30/14 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 sessions of localized intense neurostimulation treatment (LINT) 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 Low Back Lumbar and Thoracic

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 & Thoracic section Hyperstimulation analgesia Not recommended until there are higher quality studies. Initial results are promising, but only from two low quality studies sponsored by the manufacturer (Nervomatrix Ltd., Netanya, Israel). Localized manual high-intensity neurostimulation devices are applied to small surface areas to stimulate peripheral nerve endings (A β fibers), thus causing the release of

Decision rationale: The patient presents post lumbar spine fusion (date unknown) with residual pain rated 7/10 and post left knee surgery (date unknown) rated 8/10. The treater requests for 5 sessions of Localized Intense Neurostimulation Treatment (LINT) Lumbar. The treater does not discuss this request. MTUS is silent on LINT. ODG Low Back--Lumbar & Thoracic (Acute & Chronic) section guidelines state the following regarding Hyperstimulation analgesia, "Not recommended until there are higher quality studies." Lacking recommendation per ODG guidelines for this treatment, the request is not medically necessary.