

<b>Case Number:</b>	CM14-0126464		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	01/23/2014
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2014

### 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 and Pain Medicine, has a subspecialty in Pain 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:

This is a 29-year-old male patient who sustained an industrial injury on 01/23/14. Diagnoses include right lateral epicondylitis, back contusion, lumbar sprain/strain, thoracic sprain/strain, cervical sprain/strain, cervical disc protrusion, lumbar disc and protrusion. The mechanism of injury occurred when he was hit by a roll off box, pinning him to the wall. Previous treatment to date has included medication and physical therapy. Diagnostic workup has included x-rays of the elbow and back. On 07/09/14, a request for LINT therapy 1 x 3 to the low back was denied at utilization review with the reviewing physician noting that according to California MTUS, ODG guidelines, the patient does not qualify for this treatment. Most recent progress note dated 20/24/14 reveals the patient presented with completely resolved symptoms. The patient is not currently taking medications. Pain was rated at 0/10. Physical examination revealed all pain symptoms have been resolved. Treatment plan was to release the patient from care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LINT therapy 1x3 to the low back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

**Decision rationale:** The CA MTUS states "Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain." Use of NMES is not recommended and is primarily for use in rehabilitation following stroke. Documentation does not find patient is participating in post stroke rehabilitation, and as such the medical necessity of NMES is not supported. The requested LINT therapy 1 x 3 to the low back is not medically necessary.