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| Case Number: | CM14-0129300 | | |
| Date Assigned: | 08/18/2014 | Date of Injury: | 06/19/2013 |
| Decision Date: | 12/04/2014 | UR Denial Date: | 08/05/2014 |
| Priority: | Standard | Application Received: | 08/13/2014 |

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 Occupational 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 patient is a 52 year old female who has developed a widespread chronic pain syndrome subsequent to a CT injury dated 6/19/13. She has pain that involves the neck, low back, shoulders, upper extremities and right knee. She has been diagnosed with a cervical radiculitis, right carpal tunnel syndrome and right knee degenerative joint disease with a possible meniscal tear. She has been treated with acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Localized Intense Neurostimulation Therapy (LINT): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 117.

Decision rationale: LINT (localized intense neurostimulation therapy) is essentially the same as Electrocutical Therapy. This is addressed in the MTUS Guidelines and the Guidelines specifically state that it is not recommended. The LINT treatments is not medically necessary.