

<b>Case Number:</b>	CM14-0131484		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	07/05/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 General Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 37 year old female with date of injury of 7/5/2013. A review of the medical records indicate that the patient is undergoing treatment for bilateral shoulder sprain and neck sprain. Subjective complaints include continued 3/10 pain in her cervical and thoracic spine, no numbness or tingling or shooting pain. Objective findings include MRI showing disc desiccation at C2-C3 down to C6-C7 causing neural foraminal narrowing; limited range of motion of cervical and thoracic spine. Treatment has included acupuncture, hot packs, Menthoderm gel, Lenza patch, cyclobenzaprine, naproxen, Norco, and Tramadol. The utilization review dated 8/12/2014 non-certified 12 sessions of localized intense neurostimulation therapy and 12 sessions of trigger point impedance imaging.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of localized intense neurostimulation therapy between 4/22/2014 and 9/25/2014:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Therapy Page(s): 120.

**Decision rationale:** Localized intense neuro-stimulation therapy (LINT) is analogous to micro-current electrical stimulation. According to the guidelines cited above, "Not recommended. Based on the available evidence conclusions cannot be made concerning the effect of Microcurrent Stimulation Devices (MENS) on pain management and objective health outcomes. MENS is characterized by sub-sensory current that acts on the body's naturally occurring electrical impulses to decrease pain and facilitate the healing process. MENS differs from TENS in that it uses a significantly reduced electrical stimulation." The medical documentation does not mention any specific considerations or why LINT should be approved in this case over the various recommended therapies. Therefore, LINT is not medically necessary.