

Case Number:	CM14-0133484		
Date Assigned:	08/25/2014	Date of Injury:	01/14/2013
Decision Date:	10/07/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/20/2014

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 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 51-year-old gentleman was reportedly injured on January 14, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 11, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated an antalgic gait favoring the left lower extremity. There was tenderness and spasms over the lumbar paravertebral muscles as well as tenderness at the facet joints from L4-S1. There was a positive left-sided Faber's test and a positive Kemp's test bilaterally. There was a normal lower extremity neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a lumbar spine rhizotomy, chiropractic care, physical therapy, home exercise, lumbar spine surgery, and the use of a back brace. A request had been made for an EMS unit for 30 day trial for home use and was denied in the pre-authorization process on July 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMS Unit 30-Day Trial For Home Use (Through [REDACTED]): 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 121 OF 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, devices such as Localized Intense Neurostimulation Therapy (LINT) and other neuromuscular electrical stimulation devices are not recommended except as part of a rehabilitation program following a stroke. There is no evidence to support its use in chronic pain. As such, this request for localized intense Neurostimulation therapy for the lumbar spine is not medically necessary and appropriate.