

Case Number:	CM14-0169309		
Date Assigned:	10/17/2014	Date of Injury:	05/03/2013
Decision Date:	11/19/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/14/2014

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 Emergency 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:

Patient with reported date of injury on 5/3/2013. Mechanism of injury is described as repetitive injury. Patient has a diagnosis of bilateral knee osteoarthritis, cervical disk disease and lumbar disc disease with radiculopathy. Medical reports reviewed. Last report available until 8/19/14. Most recent reports are not legible due to poor handwriting. Patient has multiple areas of pain. Area of relevance to this review is the low back. Patient complains of mild low back pain. Pain worsens with activity. Objective exam reveals decreased range of motion. Tenderness to paravertebral muscles and negative straight leg raise is reportedly positive bilaterally. Records note lumbar pectinous epidural decompression neuroplasty of lumbosacral nerve roots with lumbar facet blocks was done on 6/18/14 and 6/25/14. Note from 8/19/14 checked off LINT but there is no legible documentation concerning rationale or justification for it. MRI of lumbar spine(3/11/14) revealed disc desiccation throughout multiple levels, reduced disk height at L5-S1. Degenerative changes at L2-3 and L5-S1. Grade 2 anterolisthesis of L5-S1. Disk protrusion noted at L5-S1 with bilateral neural foraminal stenosis that enriches of L5 exiting roots bilaterally. No differences in load bearing. Multiple other MRIs of multiple body parts reviewed but are not relevant to this medical review. No medication list was provided for review. It is noted that patient is on various pain creams, omeprazole and Ultram. Patient has reportedly undergone physical therapy, pain management, medications, acupuncture and functional capacity evaluation. Independent Medical Review is for LINT(Localized Intense neurostimulator therapy) of lumbar spine. Prior UR on 9/16/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

LINT - Low Intensity Neurostimulator Therapy Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Low Back-Lumbar & Thoracic Chapter; Localized high-intensity neurostimulation

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 and Thoracic, Hyperstimulation Analgesia

Decision rationale: MTUS Chronic pain and ACOEM guidelines do not have any appropriate sections that deal with this topic. As per Official Disability Guidelines(ODG), Localized high-intensity neurostimulation(LINT) also known as Hyperstimulation Analgesia is not recommended. There is not enough evidence to support its recommendation with some early pilot studies showing some utility. There is no documentation from provider as to why this was requested and not other more commonly used and more evidence based modalities. Requested therapy is not medically necessary.