

Case Number:	CM14-0170377		
Date Assigned:	11/14/2014	Date of Injury:	05/13/2014
Decision Date:	12/22/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/15/2014

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 Anesthesia, has a subspecialty in Acupuncture & 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:

The patient is a 23 year old male injured worker with date of injury 5/13/14 with related neck, back, wrist and shoulder pain. Per progress report dated 9/16/14, the injured worker complained of sharp, stabbing, radicular neck pain and muscle spasms greater on the right side. He also complained of burning right shoulder pain radiating down the arms to the fingers, associated with muscle spasms. He also complained of burning right elbow and right wrist pain and muscle spasms. All pain was described as constant and rated 8/10 in intensity. He also complained of burning, radicular mid back pain and muscle spasms rated 7/10. Per physical exam there was tenderness to palpation of the supraspinatus and infraspinatus muscles, as well as at the tendon attachment sites. There was also tenderness to palpation at the AC joint. There was tenderness to palpation at the lateral epicondyle and at the extensor muscle compartment. Per physical exam of the right hand, claw hand was noted. The injured worker was unable to make a fist. There was tenderness to palpation at the distal radioulnar joint and at the carpal tunnel, the first dorsal extensor muscle compartment, and at the TFCC. Treatment to date has included surgery, chiropractic manipulation, physical therapy, and medication management. The date of UR decision was 10/2/14.

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) Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, Localized High-Intensity Neurostimulation Therapy.

Decision rationale: The MTUS is silent on localized instant neurostimulation therapy. Per the ODG guidelines, localized high-intensity neurostimulation is not recommended. It states to see under Hyperstimulation analgesia. With regard to Hyperstimulation analgesia, the ODG states: Not recommended until there are higher quality studies. Initial results are promising, but only from two low quality studies sponsored by the manufacturer (Nervomatrix Ltd., Netanya, Israel). Localized manual high-intensity neurostimulation devices are applied to small surface areas to stimulate peripheral nerve endings (A fibers), thus causing the release of endogenous endorphins. This procedure, usually described as hyperstimulation analgesia, has been investigated in several controlled studies. However, such treatments are time consuming and cumbersome, and require previous knowledge of the localization of peripheral nerve endings responsible for LBP or manual impedance mapping of the back, and these limitations prevent their extensive utilization. Therefore, the request is not medically necessary.