

Case Number:	CM14-0173549		
Date Assigned:	10/24/2014	Date of Injury:	06/19/2013
Decision Date:	12/15/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/21/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 injured worker is a 52-year-old female who has submitted a claim for right hand pain and back pain associated with an industrial injury date 6/19/2013. Medical records from 2014 were reviewed. The patient complained of multiple painful body parts including cervical spine, lumbar spine, both wrists, both hands, and both knees. Pain was rated 5 to 6/10 in severity associated with numbness and tingling sensation. There was no recent physical examination based on the records submitted. Objective findings from 3/25/2014 showed tenderness at the cervical spine, both wrists, and both knees. Treatment to date has included acupuncture and medications. Utilization review from 10/2/2014 denied the request for Localized intense neuro stimulation 1 x week for 4 weeks. Reasons for denial were not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Localized intense neuro stimulation 1 x week for 4 weeks: Upheld

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

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 Chapter, Hyperstimulation analgesia and on the Non-MTUS A Novel Image-Guided, Automatic,

High-Intensity Neurostimulation Device for the Treatment of Nonspecific Low Back Pain, Pain Research and Treatment, 2011, (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3195366/>).

Decision rationale: The CA MTUS does not specifically address this topic. Official Disability Guidelines (ODG) states that LINT is not recommended until there are higher quality studies. Initial results are promising, but only from two low quality studies sponsored by the manufacturer. In this case, the patient complained of multiple painful body parts including cervical spine, lumbar spine, both wrists, both hands, and both knees. Pain was rated 5 to 6/10 in severity associated with numbness and tingling sensation. However, the requesting provider does not establish circumstances that would warrant LINT therapy despite lack of positive evidence. Moreover, there was no recent physical examination based on the medical records submitted. Evidence-based guidelines showed that LINT was still on its experimental stage, thus, it was not recommended. There were no supporting evidences submitted on how LINT therapy can provide beneficial effects in this case. Therefore, the request for localized intense neuro stimulation 1 x week for 4 weeks is not medically necessary.