

<b>Case Number:</b>	CM14-0173891		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	05/07/2010
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of May 7, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; and unspecified amounts of acupuncture. In a Utilization Review Report dated September 25, 2014, the claims administrator denied a request for six sessions of localized intense neurostimulation therapy (LINT). The claims administrator stated that it was basing its decision on an August 15, 2014 progress note and associated request for authorization (RFA) form. The applicant's attorney subsequently appealed. In its medical evidence log dated November 7, 2014, the claims administrator stated that it had submitted a variety of documents, including the August 15, 2014 progress note and associated RFA form, along with a variety of other notes, including a June 20, 2014 note. These progress notes, however, were not, in fact, incorporated into the Independent Medical Review packet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 LINT (localized intense neurostimulation therapy) visits for the thoracic and lumbar spine 1 x week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Neuromodulation Therapy topic Page(s): 98.

**Decision rationale:** As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, percutaneous neuromodulation therapy is deemed "not recommended" and "investigational." In this case, the attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable MTUS position on the article at issue, although it is acknowledged that the August 15, 2014 progress note and request for authorization (RFA) form on which the article at issue was sought were seemingly not incorporated into the Independent Medical Review packet. The information which is on file however failed to support or substantiates the request. Therefore, the request is not medically necessary.