

Case Number:	CM14-0178314		
Date Assigned:	10/31/2014	Date of Injury:	06/24/2014
Decision Date:	12/08/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/27/2014

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 Orthopedic Surgery 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 53-year-old female who reported an injury on 06/24/2014. The mechanism of injury involved a fall. The current diagnoses include sprain of unspecified site of the knee and lumbago. The latest physician progress report submitted for this review is documented on 07/17/2014. The injured worker presented with complaints of left knee and low back pain. It is noted that the injured worker has been previously treated with 3 sessions of physical therapy for the left knee. Physical examination revealed 35 degree lateral flexion, 90 degree left and right rotation, 35 degree extension, 80 degree flexion, a normal gait, normal motor strength in the bilateral lower extremities, and intact sensation. Treatment recommendations included continuation of physical therapy and home exercise. A Request for Authorization form was submitted on 09/05/2014 for LINT 1 time per week every 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Localized Intense Neurostimulation Therapy 1 Times a Week for 6 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Hyperstimulation Analgesia.

Decision rationale: California MTUS/ACOEM Practice Guidelines state "physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound, TENS units, PENS units, and biofeedback have no proven efficacy in treating acute low back symptoms." The Official Disability Guidelines do not recommend hyperstimulation analgesia until there are higher quality studies. Therefore, the current request cannot be determined as medically appropriate. There was also no physician progress report submitted by the requesting physician on 09/05/2014. As such, the request is not medically necessary.