

Case Number:	CM14-0026711		
Date Assigned:	03/05/2014	Date of Injury:	10/12/2012
Decision Date:	04/23/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/04/2014

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 Physical Medicine and Rehabilitation and 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 injured worker is a male with a date of injury of 10/12/12. The accepted body regions as part of this industrial claim are the left upper arm and cervical spine. The disputed issues is a request for LINT therapy. This is Localized Intense Neurostimulation Therapy. A utilization review denied this request since it is an "experimental form of electrical stimulation therapy." The reviewer cited the fact that no national or evidence-based guidelines recommended this type of therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN LINT THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: LINT Therapy is not addressed in the California Medical Treatment and Utilization Schedule. A search of national, evidence-based guidelines such as the Official Disability Guidelines and the National Guidelines Clearinghouse do not have any provision for LINT therapy. The progress note on date of service January 14, 2014 in which this request was made makes general references to parts of the MTUS which support physical modalities, but no

further details of this type of therapy are available. This request is recommended for non-certification.