

<b>Case Number:</b>	CM14-0038475		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/31/2013
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Neurology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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:

10/19/13 PR-2 notes pain in the low back that is sharp, dull and with muscle spasms. The pain radiates into the bilateral lower extremities accompanied by numbness and weakness. Exam notes strength is 5/5 with reflexes of 2. There was decreased range of motion with reported associated pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lint/TPII Treatment for the Low Back 1x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121. Decision based on Non-MTUS Citation Official Disability Guidelines/Low Back/Hyperstimulation Analgesia

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

**Decision rationale:** MTUS guidelines do not support the use of Electrical Stimulation for the treatment of pain for which LINT/TPII is a form of electrical stimulation treatment. The medical records indicate pain but do not otherwise document any medical condition for which electrical stimulation is supported for treatment under MTUS guidelines. As such, LINT/TPII is not supported as medical necessary.

