

Case Number:	CM14-0044662		
Date Assigned:	07/02/2014	Date of Injury:	01/04/2012
Decision Date:	08/26/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/11/2014

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 Anesthesiology & Pain Medicine 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:

The injured worker is a 65-year-old male who reported an injury on 01/04/2012 due to lifting a large monitor and feeling a sharp pain in his lower back. The injured worker had a history of lower back pain, as well as headaches and bilateral hip pain. The injured worker had a diagnosis of lumbar spine pain, hip and thigh sprain, and contusion. The past treatments included extracorporeal shockwave procedure dated 09/23/2013 and physical therapy 2 to 3 times a week. The MRI dated 06/04/2014 revealed a disc desiccation at the T12-L1, with mild disc narrowing, L1-2, L2-3, L3-4, L4-5 with a disc desiccation, and L5-S1 with disc desiccation along with mild disc narrowing. The prior surgeries included a right hip surgery dated 2013. The objective findings dated 02/01/2014 of the lumbar spine revealed a forward flexion of 40 degrees and extension of 0 degrees, tenderness to palpation over the paraspinal sacroiliac joints, antalgic gait with a right limp requiring the assistance of a cane, increased thoracic kyphosis, and a negative Trendelenburg. The medications included Fluriflex 180 grams, TGHOT 180 grams, and Oxycontin 30 mg. The treatment plan included a home exercise program and prescription for medications. The Request for Authorization dated 07/02/2014 was submitted within the documentation. The rationale for the nerve stimulation and the TGHOT was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

LINT (localization intense neurostimulation therapy) to lower back, frequency and duration not indicated.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Miguel Gorenberg, Elad Schiff, Kobi Schwartz, and Elon Eizenberg, "A Novel Image-Guided, Automatic, High-Intensity Neurostimulation Device for the Treatment of Nonspecific Low Back Pain," Pain Research and Treatment, vol. 2011, Article ID 152307, 6 pages, 2011.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, NMES TENS Page(s): 121, page 114 - 116.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that neuromuscular electrical stimulation (NMES devices) is not recommended. NMES is used primarily as part of a rehabilitation program following a stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. A one month trial of a TENS unit is recommended if it is used as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical notes did not indicate the injured worker has suffered any type of stroke effects. The request did not indicate the frequency or duration. As such, the request is not medically necessary and appropriate.