

Case Number:	CM14-0049596		
Date Assigned:	07/07/2014	Date of Injury:	12/05/2013
Decision Date:	08/14/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/17/2014

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:

This patient is a 58 year old male who has developed chronic low back and wrist pain secondary to a date of injury on 12/05/13. He has been treated with physical and chiropractic therapy and is dispensed compounded topicals. Exam reveals limitations in his lumbar ROM with diffuse soft tissue tenderness. No neurologic deficits are documented. An MRI scan on 1/14/14 is reported to show degenerative facet changes. No cord or nerve root compression is documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

LINT 6 sessions for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy - Electroceutical Therapy (bioelectric nerve block) Page(s): 117.

Decision rationale: LINT (local intense neurostim therapy) is a type of transcutaneous electrotherapy for which no supporting quality medical literature can be found. The MTUS Chronic Pain Guidelines does not recommend use of what appears to be the same modality under a different name (Electroceutical Therapy; bioelectric nerve block). There are no unusual circumstances to support an exception to Guideline recommendations nor is there support for use

of this device without quality evidenced based medical literature. The 6 sessions of LINT is not medically necessary.