

Case Number:	CM14-0054177		
Date Assigned:	07/07/2014	Date of Injury:	03/05/2012
Decision Date:	08/29/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/23/2014

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 is licensed to practice in Nevada. 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 49-year-old male who was reportedly injured on 3/5/2012. The mechanism of injury was noted as a motor vehicle accident. The most recent progress note dated 2/21/2014, indicated that there were ongoing complaints of cervical spine, lumbar spine, left shoulder, right wrist, and left knee pains. The physical examination demonstrated cervical spine limited range of motion with pain, 3+ tenderness to palpation of the cervical paravertebral muscles with muscle spasm noted. The cervical compression test was positive. Shoulder depression was positive. The lumbar spine was with positive trigger points of the paraspinous processes of the lumbar spine. Decreased range of motion was with pain and +3 tenderness to palpation of the lumbar paravertebral muscles with spasm was noted. Kemp's test was positive bilaterally. The left shoulder had limited range of motion and +3 positive tenderness to palpation of the anterior, lateral, and posterior shoulder as well as supraspinatus muscles. Supraspinatus press was positive. The right wrist had range of motion with pain. Phalen's test caused pain. The left knee range of motion was painful with +3 positive tenderness to palpation of the lateral/medial knee. McMurray's test caused pain. No recent diagnostic studies are available for review. Previous treatment included medication, and conservative treatment. A request was made for localized intense neural stimulation therapy times 12 and was not certified in the pre-authorization process on 3/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Localized Intense Neurostimulation Therapy (LINT) X 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Hyperstimulation analgesia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

Decision rationale: California Medical Treatment Utilization Schedule guidelines, American College of Occupational and Environmental Medicine, and the Official Disability Guidelines provide no support for the use of Localized Intense Neural Stimulation Therapy for the compensable injury cited. Furthermore, the guidelines do not recommend various electric stimulation therapies due to lack of evidence based trials suggesting benefit. However, there is guideline support for other, better studied stimulation therapies, where intervention trials have suggested benefit. Without additional evidence-based supported documentation to identify the efficacy and utility of the program requested, compared to more efficacious and supported evidence-based programs, this request is deemed not medically necessary.