MAXIMUS Federal Services

Case Number:	CM14-0059277		
Date Assigned:	07/09/2014	Date of Injury:	11/04/2013
Decision Date:	09/05/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/30/2014

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 Preventive Medicine and is licensed to practice in Iowa. 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 55 year old male employee with date of injury of 11/4/2013. A review of the medical records indicates that the patient is undergoing treatment for a lumbar sprain/strain, cervical sprain/strain, and knee contusion. Subjective complaints include pain in head (and headache), neck, chest, lower back and right and left knees. Objective findings: everything appeared normal during an exam on 11/19/2013 to include tenderness to palpation on scalp, cervical spine, lumbar spine, chest wall and both knees. Treatment has included physical therapy, Duraflex comfort gel 2oz, Naproxyn 500mg #20, Tizanidine 4mg #30, braces for lower back and both knees, Norco and Vicodin. Localized Intense Neurostimulation Therapy (LINT) was first requested on 2/18/2014, in order to increase range of motion and decrease pain. The utilization review dated 4/9/2014 non-certified Localized Intense Neurostimulation Therapy (LINT) due to lack of information in MTUS guidelines.

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): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hyperstimulation Analgesia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic, Hyperstimulation Analgesia.

Decision rationale: MTUS is silent concerning LINT, which is also known as Hyperstimulation Analgesia. ODG states LINT is not recommended until there are higher quality studies. This treatment is considered experimental, the treating physician needed to document trial and failures of first line therapies and why LINT is necessary at this time. As such Localized Intense Neurostimulation Therapy (LINT) is not medically necessary at this time.