

Case Number:	CM14-0059498		
Date Assigned:	07/09/2014	Date of Injury:	04/21/2013
Decision Date:	09/05/2014	UR Denial Date:	04/10/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 45 year old male with a work injury dated 4/21/13. The diagnoses include lumbar spine discopathy, obesity diabetes mellitus, and Charcot foot. Under consideration is a request for localized intense neurostimulation therapy (LINT) for the lumbar spine. There is a primary treating physician report dated 3/11/14 that states the patient complains of aching and burning low back pain which he rates 4/10 on the pain scale. He does get some right-sided leg pain. He also complains of aching and stabbing pain in the right foot which he rates 4/10. He is taking Norco for pain. On exam his gait is antalgic. His toe walk is abnormal on the right. Heel walk is abnormal on the right. There is tenderness in the paraspinal musculature of the lumbar region on the right. Midline tenderness is noted in the lumbar spine. Muscle spasm is positive over the lumbar spine. There is decreased lumbar range of motion. Sensory testing with a pinwheel is normal except for decreased pin sensation in the foot dorsum and posteriolateral calf right. Motor examination by manual muscle test is normal, except for grade 4 plantar flexor and toe extensor right. Right sacroiliac tenderness is noted on compression. Sciatic nerve compression is positive on the right. Reflexes are 2/4 bilateral upper and lower extremities. Waddell signs are negative. Heightened pain response is not present. The treatment plan includes a request for localized intense neurostimulation therapy (LINT) for the lumbar spine to stimulate and evaluate his myofascial symptomatology, two times per week for three weeks. A Lumbar MRI dated 3/7/14 revealed a 3 mm broad posterior disc protrusion at L4-5 and L5-S1 which together with mild facet arthropathy result in mild bilateral neuroforaminal narrowing. There is a 2-3 mm diffuse disc bulge at L3-4 without evidence spinal stenosis or neuroforaminal narrowing; 3 mm anterior disc protrusions at T10-T11, T11-12 and T12-L1. 4. Mild bilateral facet arthropathy at L3-4, L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Localized Intense Neurostimulation Therapy for the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 & Thoracic (Acute & Chronic): Hyperstimulation analgesia; Localized high-intensity neurostimulation.

Decision rationale: Localized Intense Neurostimulation Therapy for the Lumbar Spine is not medically necessary per the ODG guidelines. The MTUS guidelines do not specifically discuss localized intense neurostimulation therapy. The ODG states that hyperstimulation analgesia is not recommended until there are higher quality studies. The current guidelines state that this treatment is not recommended as there are no high quality results of the efficacy of this treatment at this time. The request for localized intense neurostimulation therapy is not medically necessary.