

Case Number:	CM14-0061908		
Date Assigned:	07/09/2014	Date of Injury:	11/04/2013
Decision Date:	08/29/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/02/2014

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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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 55-year-old male who reported the injury on 11/4/2013. Injury reportedly occurred when he was the passenger in a 15-passenger van and the driver stopped suddenly to avoid a collision. His seat came forward causing him to go face-first to the floor, hitting his chest, chin, and both knees and causing low back pain. The injured worker has a history of cervical myospasm, cervical pain, cervical radiculopathy, cervical sprain, thoracic muscle spasm, thoracic pain, thoracic sprain, rule out cervical disc perfusion, left and right knee pain, left and right knee sprain, rule out left and right knee meniscus tear, and rule out right knee internal derangement. The past treatments included medications, chiropractic care, and a TENS/EMS unit. Diagnostic studies included X-rays of the right knee and thoracic spine. There were no past surgeries noted. The note on 03/18/2014 revealed that the patient had intermediate to frequently moderate dull, aching, short, throbbing headache pain, thoracic pain, lumbar spine pain, left and right knee pain, sleep problems, and suffering from depression, anxiety, and irritability. The exam of the cervical and thoracic spine revealed a decreased range of motion that was painful. Flexion was 10/45 degrees, left rotation was 20/30 degrees, and right rotation was 20/30 degrees. The Kemp's was positive bilaterally. The lumbar spine revealed decreased and painful range of motion. Extension was 5/25 degrees, flexion was 10/60 degrees, lateral left bending was 15/25 degrees, and right lateral bending was 15/25 degrees. Medications included Ibuprofen, Omeprazole, Tizanidine, and Hydrocodone. Treatment plan is for localized intense neurostimulation therapy (LINT). Request for authorization and rationale were not provided within documentation submitted for review.

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 Low back-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, Hyperstimulation analgesia.

Decision rationale: The request for localized intense neurostimulation therapy (LINT) is not medically necessary. The injured worker has history of pain in the knees and low back. The Official Disability Guidelines (ODG) regarding hyperstimulation anesthesia is not recommended until there are higher quality studies. The provider was not specific as to the medical necessity for the use of the LINT therapy. It is unclear which diagnosis the therapy is going to manage. The therapy is not addressed as leading any functional gain or improvement in any of the spinal or extremity conditions reported. A specific body part is not mentioned for the LINT therapy. As such, the request is not medically necessary.