

Case Number:	CM14-0065102		
Date Assigned:	07/11/2014	Date of Injury:	06/19/2013
Decision Date:	08/29/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/08/2014

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 records, presented for review, indicate that this 52 year old female was reportedly injured on June 19, 2013. The mechanism of injury is undisclosed. The most recent progress note, dated February 25, 2014, which is hand written and difficult to read, indicates that there were ongoing complaints of cervical spine pain, lumbar spine pain, bilateral wrist pain, bilateral hand pain, and bilateral knee pain. The physical examination notes are unclear. There was a recommendation for physical therapy twice a week for four weeks as well as a recommendation for localized intense neurostimulation therapy (LINT). Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request was made for LINT and was not certified in the preauthorization process on April 16, 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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS) Page(s): 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Page(s): 97.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the use of percutaneous electrical nerve stimulation such as LINT is not recommended as a primary treatment modality, but a trial may be considered, if used as an adjunct to a program of evidence based functional restoration, after other nonsurgical treatments, including therapeutic exercise and transcutaneous electrical nerve stimulation (TENS) unit, have been tried and failed or are judged to be unsuitable or contraindicated. There is a lack of high quality evidence to prove long term efficacy. According to the attached medical record, there is no documentation that the injured employee has failed treatment with therapeutic exercise and the use of a TENS unit. Furthermore, this therapy should be used as a trial unit prior to extended treatment. For these reasons, this request for localized intense neurostimulation therapy is not medically necessary.