

<b>Case Number:</b>	CM14-0066546		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	12/12/2009
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Pain Medicine 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 53-year-old female who reported an injury after she slipped and fell 12/12/2009. The clinical note dated 03/11/2014, indicated diagnoses of headache, low back pain, lumbar HNP, lumbar radiculopathy, gastritis, memory loss, mood disorder, sleep disorder, anxiety disorder and stress. The injured worker reported throbbing headaches and memory loss, rated her pain 8/10. She also reported low back pain, described as sharp, stabbing low back pain with muscle spasms. She rated her pain 7/10 to 8/10. The injured worker described her pain as frequent to constant, moderate to severe that was associated with numbness and tingling of the bilateral lower extremities. The pain was aggravated by prolonged positioning including sitting, standing, walking, bending, and arising from a seated position, ascending or descending stairs and stooping. Her pain was also aggravated by the activities of daily living such as getting dressed and performing personal hygiene. The injured worker reported abdominal pain and discomfort, as well as she experienced stress, anxiety, insomnia and depression brought on by her chronic pain. The injured worker reported physical limitations, inability to work and uncertain future since she was injured at work. The injured worker reported that her symptoms persist, but the medications do offer her temporary relief of pain and improve her ability to restfully sleep. On physical examination of the lumbar spine, the injured worker had an antalgic gait and was unable to heel/toe walk due to pain. However, the injured worker was able to squat to approximately 10% of normal due to the pain in the low back. The injured worker had tenderness to palpation at the right PSIS and there was also bilateral lumbar paraspinal muscle guarding. The injured worker had spinous process L2-5 that were tender to palpation. The injured worker's range of motion of the lumbar spine revealed flexion of 25 degrees and extension of 25 degrees. Left lateral flexion was 10 degrees and right lateral flexion was 15

degrees. The injured worker had a positive sitting root, Lasegue's and Kemp's tests bilaterally. Had slight decreased sensation to pinprick and to light touch at the L4, L5 and S1 dermatomes bilaterally. The injured worker's motor strength was decreased at the bilateral lower extremities, L2, L3, L4, L5 and S1. The injured worker's deep tendon reflexes were 1+ bilaterally. The injured worker's treatment plan included continue with course of physical therapy and acupuncture for the lumbar spine, psychologist's consultation, refer for sleep study, awaiting gastroenterologist, EMG/NCV study, Terocin patches, followup in 4 weeks and undergo a course of localized intense neurostimulation therapy. The injured worker's prior treatments included diagnostic imaging, physical therapy and medication management. The provider submitted a request for localized intense neurostimulation therapy. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **6 LINT (Localized intense neurostimulation therapy ) therapy sessions over 6 weeks:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121. Decision based on Non-MTUS Citation Official disability guidelines ,low back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NMES; TENS Page(s): 121; 114-116.

**Decision rationale:** The request for 6 LINT (Localized intense neurostimulation therapy) therapy sessions over 6 weeks is not medically necessary. California MTUS guidelines indicate that a neuromuscular electrical stimulation (NMES devices) is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. A one month trial of a TENS unit is recommended if it is used as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for a stroke. In addition, there is lack of evidence of a 1 month trial of TENS unit in the documentation provided. Furthermore, there was lack of evidence that the injured worker had tried and failed other appropriate pain modalities. Additionally, the request did not indicate a body site for the localized intense neurostimulation therapy. Therefore, the request is not medically necessary.