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| Case Number: | CM14-0073752 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 02/05/2007 |
| Decision Date: | 09/19/2014 | UR Denial Date: | 04/23/2014 |
| Priority: | Standard | Application Received: | 05/21/2014 |

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 man was reportedly injured on February 5, 2007. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 20, 2014, indicates that there are ongoing complaints of neck pain radiating to the bilateral shoulders as well as low back pain. There were also complaints of stress, anxiety, insomnia, sexual dysfunction, and depression. The physical examination demonstrated tenderness along the cervical spine with decreased cervical spine range of motion. The examination of the shoulders revealed tenderness at the subacromial space, acromioclavicular joint, and rotator cuff region. Neurological examination revealed decreased sensation at the C6 and C7 dermatomes bilaterally. There was a positive Neer's test bilaterally and Apley's scratch test on the right. Physical examination of the lumbar spine noted paraspinal muscle tenderness with guarding and decreased range of motion. There was a positive bilateral straight leg raise test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral medications. A request had been made for intense neurostimulation and was not certified in the pre-authorization process on April 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intense Neurostimulation (03/20/2014 - 06/17/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines , MTUS Chronic Pain Page(s): 121.

Decision rationale: Localized intense Neurostimulation treatment (LINT) and similar treatments using neuromuscular electrical stimulation devices are used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Considering this, the request for intense neurostimulation is not medically necessary.