

<b>Case Number:</b>	CM14-0093551		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/30/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic midback pain reportedly associated with an industrial injury of December 30, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of chiropractic manipulative therapy; unspecified amounts of physical therapy; unspecified amounts of localized intense neurostimulation therapy (LINT); and topical compounds. In a utilization review report dated June 10, 2014, the claims administrator denied a request for localized intense neurostimulation therapy, citing an article from the medical literature. In a May 19, 2014 progress note/request for authorization form, the attending provider sought authorization for infrared therapy, acupuncture, myofascial release therapy, traction, and several topical compounds. In a procedure note dated May 8, 2014, the applicant underwent the localized intense neurostimulation therapy in question.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LINT- Thoracic Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation A search of online resources . Article 'A novel image-guided, automatic, high-intensity neurostimulation device for the treatment of nonspecific Low Back Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Neuromodulation Therapy topic Page(s): 98,.

**Decision rationale:** Localized intense neurostimulation therapy (LINT) represents a form of percutaneous neuromodulation therapy (PNT), a variant of percutaneous electrical nerve stimulation (PENS) in which up to 10 fine filament electrodes are placed at specific anatomic landmarks in the back. This is, however, a modality which is deemed "not recommended," per page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider's progress notes, furthermore, were sparse, handwritten, difficult to follow, not entirely legible, and did not make a compelling case for selection and pursuit of the LINT modality in the face of the unfavorable MTUS position on the same. Therefore, the request is not medically necessary.