

Case Number:	CM13-0054090		
Date Assigned:	12/30/2013	Date of Injury:	01/26/2012
Decision Date:	12/10/2015	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/19/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 42 year-old male who was injured on 1/26/12. According to the 10/17/13 report from [REDACTED], his diagnoses include: cervical herniated disc; s/p right shoulder surgery; and lumbar sprain/strain. On 11/8/13 RISING denied the 10/17/13 request for Trigger point impedance imaging (TPII) and localized intense neurostimulation therapy (LINT).

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) to treat lumbar spine, 1 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, page(s): 97.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Official Disability Guidelines (ODG), Low back chapter online, Hyperstimulation analgesia.

Decision rationale: The request for LINT was on the 10/17/13 report from [REDACTED]. The 11/6/13 chiropractic report states the LINT therapy, specifically the Nervomatrix device, was for treatment of trigger points. The trigger points were not identified on [REDACTED] 10/17/13

evaluation, but detected on 11/6/13 using “trigger point impedance imaging” rather than the MTUS required palpatory findings with twich response. MTUS and ACOEM do not discuss LINT, but the updated ODG guidelines specifically discuss this under the lower back chapter on “Hyperstimulation analgesia”. ODG states this is not recommended. The request is not in accordance with ODG guidelines.