

Case Number:	CM14-0208532		
Date Assigned:	12/22/2014	Date of Injury:	12/12/2013
Decision Date:	05/01/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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:

The injured worker (IW) is a 58-year-old male who sustained an industrial injury on 12/12/2013. He reported pain in the back and groin. The injured worker was diagnosed with hernia, not otherwise specified, abdominal pain other specified site, and sprain of the neck. Treatment to date has included pain medications, an athletic supporter, work restrictions, diagnostic ultrasound of the groin, electromyography and nerve conduction studies of the bilateral lower extremities, referral to internal medicine for a left carotid bulb atherosclerosis that was noted on a cervical spine x-ray, and a surgical consult for the hernia. Currently, the injured worker complains of abdominal and back pain. The treatment plan includes localized intense neurostimulation therapy (1 x week for 6-12 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Localized intense neurostimulation therapy (1 x week for 6-12 weeks): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter online, Hyperstimulation analgesia.

Decision rationale: The patient presents on 08/19/14 with cervical spine pain rated 8/10, lumbar spine pain rated 8/10, and right groin pain rated 10/10. The patient's date of injury is 12/12/13. Patient has no documented surgical history directed at these complaints. It appears that this patient had a surgical consult for a bilateral inguinal herniorrhaphy on 08/28/14, though it is not clear if this procedure has taken place. The request is for Localized Intense Neurostimulator Therapy - 1X Week for 6-12 Weeks. The RFA was not provided. Physical examination dated 08/19/14 reveals tenderness to palpation of the bilateral inguinal region. This progress note is hand written and poorly scanned, the remaining physical findings are illegible. The patient's current medication regimen was not provided. Diagnostic imaging included inguinal ultrasound dated 05/21/14, findings included confirmation of bilateral inguinal hernias. Per 08/19/14 progress note, patient is advised to return to work with modifications ASAP. MTUS did not discuss localized intense neurostimulator therapy so ODG were consulted. ODG-TWC guidelines for the Soleve, Nervomatrix, localized intense neurostimulation therapy refers readers to the ODG section for hyperstimulation analgesia. The ODG-TWC guideline, Low back chapter online, for "Hyperstimulation Analgesia" states, "not recommended until there are higher quality studies." The ODG guidelines state that localized intense neurostimulation therapy is not recommended because of insufficient quality studies to support the therapy. Therefore, the request for localized intense neurostimulation therapy is not medically necessary.