

Case Number:	CM15-0102618		
Date Assigned:	06/05/2015	Date of Injury:	02/05/2007
Decision Date:	07/09/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/28/2015

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: New York, West Virginia,

Pennsylvania Certification(s)/Specialty: Emergency Medicine

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 53 year old man sustained an industrial injury on 2/5/2001. The mechanism of injury is not detailed. Diagnoses include cervical spine pain, cervical radiculopathy, cervical disc displacement, bilateral shoulder impingement syndrome, bilateral shoulder tenosynovitis and synovitis, low back pain, lumbar disc displacement, lumbar radiculopathy, anxiety disorder, mood disorder, sleep disorder, and stress. Treatment has included oral medications Physician notes on a PR-2 dated 3/31/2015 show complaints of neck pain rated 6/10 with radiation to the bilateral upper extremities, bilateral shoulder pain rated 6-7/10, low back pain rated 6-7/10 with numbness and tingling in the bilateral lower extremities, stress, anxiety, insomnia, and depression. Recommendations include orthopedic surgeon consultation, electromyography/ nerve conduction study of the bilateral upper and lower extremities, pain management specialist consultation, localized intense neurostimulation therapy, shockwave therapy, MRIs of the bilateral shoulders and lumbar and cervical spine, and Terocin patches, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Weekly sessions of localized intense neurostimulation therapy (LINT) of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NMES Page(s): 120.

Decision rationale: Guidelines indicate that neuromuscular electrical stimulation is not recommended for treatment of chronic pain. In this case, the clinical documents failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request for localized intense neuro stim therapy to the lumbar spine is not medically necessary and appropriate.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303.

Decision rationale: Guidelines state lumbar spine MRI if there is evidence of specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgery an option. If the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before MRI and after 3 months of conservative treatments have failed. In this case, there is no evidence of nerve dysfunction and no evidence that the patients symptoms have changed since the prior lumbar MRI performed on 2/3/14. The lumbar MRI is not medically appropriate and necessary.