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| Case Number: | CM15-0135314 | | |
| Date Assigned: | 07/23/2015 | Date of Injury: | 09/25/2003 |
| Decision Date: | 08/19/2015 | UR Denial Date: | 06/29/2015 |
| Priority: | Standard | Application Received: | 07/13/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 61-year-old male, who sustained an industrial injury on September 25, 2003. Treatment to date has included lumbar spine fusion, work modifications, medications, and diagnostic testing and imaging. Currently, the injured worker complains of low back pain with bilateral thigh pain. On physical examination, the injured worker has tenderness to palpation over the lumbar spine and has decreased lumbar range of motion. He had positive bilateral Lasegue's tests. The diagnoses associated with the request include lumbago, lower extremity pain and status post arthrodesis. The treatment plan includes Tylenol #4, Fluriflex compound, left lumbar spine L5-S1 epidural steroid injection, Lint Therapy for the lumbar spine and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 weekly LINT Therapy sessions for 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 - Lumbar & Thoracic (Acute & Chronic), Hyperstimulation Analgesia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic): Hyperstimulation analgesia; Localized high-intensity neurostimulation.

Decision rationale: 6 weekly LINT Therapy sessions for the Lumbar Spine are not medically necessary per the ODG guidelines. The MTUS guidelines do not specifically discuss LINT therapy (localized intense neurostimulation therapy.) The ODG states that hyperstimulation analgesia is not recommended until there are higher quality studies. The current guidelines state that this treatment is not recommended as there are no high quality results of the efficacy of this treatment at this time. The documentation does not indicate extenuating circumstances that necessitate this treatment that is not supported by the guidelines. The request for LINT therapy is not medically necessary.