

Case Number:	CM15-0169623		
Date Assigned:	09/10/2015	Date of Injury:	03/01/2012
Decision Date:	10/07/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/28/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 58 year old female, who sustained an industrial injury on March 1, 2012. She reported right shoulder pain, right hand pain, left hand pain, low back pain, depression and anxiety. The injured worker was diagnosed as having lumbar myofascitis, lumbar sprain and strain, right AC joint sprain and strain, right shoulder sprain and strain, right metacarpophalangeal joint and left interphalangeal joint. Treatment to date has included diagnostic studies, conservative care, medications and work restrictions. Currently, the injured worker continues to report right shoulder pain, right hand pain, left hand pain, low back pain, depression and anxiety. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on May 15, 2015, revealed continued pain as noted. She rated her lumbar pain at 5 on a 1-10 scale with 10 being the worst. She described it as dull and achy with stiffness and heaviness. She noted it was worse with bending and improved with medications. Flexion of the lumbar spine was noted as decreased at 50 out of 60% and extension was noted as decreased at 20 out of 25%. Tenderness to palpation of the paravertebral muscles was noted. Pain management and psychological evaluations were recommended as well as physiotherapy for the lumbar spine. Evaluation on August 7, 2015, revealed continued pain with associated symptoms as noted. She rated her lumbar spine pain at 5 on a 1-10 scale with 10 being the worst. Flexion of the lumbar spine was noted to be at 50 out of 60% with noted tenderness to palpation of the paravertebral muscles. It was noted she had full lumbar extension. The RFA included a request for Localized intense neurostimulation therapy (LINT) once a week for 6 weeks to the lumbar spine and was non-certified on the utilization review (UR) on August 17, 2015.

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) once a week for 6 weeks to 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 (ODG), Low Back (updated 07/17/15) Hyperstimulation analgesia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS), Transcutaneous electrotherapy.

Decision rationale: According to the guidelines neurostimulators have little benefit for chronic back pain or failed back syndrome. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of use exceeds the 1 month trial recommended. The request for LINT as above is not medically necessary.