

<b>Case Number:</b>	CM15-0183459		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	09/23/2012
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: California, Hawaii

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 is a 38 year old female who sustained an industrial injury on 9-23-12. A review of the medical records indicates she is undergoing treatment for cervical spine sprain and strain - rule out herniated nucleus pulposus, cervical radiculopathy, bilateral wrist and hand sprain and strain - rule out internal derangement, lumbar spine sprain and strain - rule out herniated nucleus pulposus, lumbago, lumbar radiculopathy, bilateral knee sprain and strain - rule out internal derangement, right knee medial meniscus tear, right knee lateral meniscal tear, bilateral knee ACL tear, bilateral knee MCL partial tear, bilateral knee LCL partial tear, right knee patellar bursitis, right knee patella chondromalacia - grade 2, left ankle and foot sprain and strain - rule out internal derangement, left ankle peroneus and brevis tendonitis, left ankle Achilles tenosynovitis, mood disorder, stress, and sleep disorder. Medical records (6-18-15 to 8-6-15) indicate ongoing complaints of neck pain and muscle spasms with associated numbness and tingling of bilateral upper extremities, rating 5 out of 10, bilateral wrist and hand pain with muscle spasms and associated numbness tingling that radiates to the hands and fingers, rating 5 out of 10, low back pain and muscle spasms with associated numbness and tingling of bilateral lower extremities, rating 5 out of 10, bilateral knee pain and muscle spasms with associated numbness and tingling radiating to the feet, rating 5 out of 10, left ankle and foot pain, rating 5 out of 10, as well as feelings of anxiety, stress, depression, and sleep difficulty due to increased pain. The physical exam (7-30-15) reveals diminished range of motion of the cervical spine with tenderness to palpation at the suboccipital region, as well as over both scalene and trapezius muscles, diminished range of motion of bilateral wrists with tenderness to palpation over the

carpal bones and positive Tinel's test bilaterally, diminished range of motion of the lumbar spine with tenderness to palpation at the lumbar paraspinal muscles, diminished range of motion of bilateral knees with tenderness to palpation over the medial and lateral joint line, and diminished range of motion of the left ankle. Diagnostic studies include MRIs of the bilateral wrists, left foot and ankle, and bilateral knees. She also has undergone nerve conduction studies of bilateral upper and lower extremities, and an anatomical impairment measure of the left foot and ankle from 7-20-15 radiology images. Treatment has included shockwave treatment, chiropractic therapy, and medications. She is not currently working. The effects on her ability to complete activities of daily living are not addressed in the reviewed records. A referral to a psychologist was made and recommendation for a sleep study and acupuncture was ordered. The utilization review (8-27-15) indicates a request for authorization of localized intense neurostimulation therapy 1 time per week for 6 weeks for the lumbar spine. This request was denied with the rationale "there is a concurrent request for acupuncture treatment and is felt that the outcome of acupuncture should first be assessed prior to considering additional therapy".

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Localized Intense Neurostimulation Therapy, Lumbar spine, 1 time wkly for 6 wks, 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back chapter, Hyperstimulation analgesia.

**Decision rationale:** The patient presents with diagnoses of with lumbar spine sprain and strain rule out herniated nucleus pulposus, lumbago, and lumbar radiculopathy. The patient currently complains of constant, moderate to severe, burning, low back pain and muscle spasms. The pain was associated with numbness and tingling of the bilateral upper extremities. The current request is for Localized Intense Neurostimulation Therapy (LINT) Lumbar spine, 1 time wkly for 6 wks, 6 sessions. The treating physician states in the treating report dated 7/30/15 (261B), "The patient is to continue with the course of Localized Intense Neurostimulation Therapy, in a frequency of once per week for a period of 6 weeks, for the lumbar spine." MTUS Guidelines do not address LINT. The ODG Guidelines lumbar chapter states for Hyperstimulation Analgesia, "Not recommended until there are higher quality studies." The current request for LINT is still considered investigational and is not supported by ODG. In this case, the treating physician has requested a treatment that is currently not supported; therefore, the current request is not medically necessary.