

Case Number:	CM15-0023871		
Date Assigned:	02/13/2015	Date of Injury:	07/01/2013
Decision Date:	03/27/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/09/2015

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

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 43 year old female, who sustained an industrial injury on July 1, 2013. The diagnoses have included chronic low back syndrome, lumbar sprain/strain, depression and anxiety. A progress note dated November 25, 2014 provided the injured worker complains of low back pain radiating down left leg. She rates pain 5/10 on a good day and 8/10 on a bad day. She has severe chronic depression along with anxiety and insomnia. On January 23, 2015 utilization review non-certified a request for localize intense neurostimulation therapy (lint) 1 time a week for 6 weeks for the lumbar and thoracic spine. The J. Pain Res. 2013; 6: 487-491 online 2013 June 25 Doi: 10.2147/JPR.S7540 was utilized in the determination. Application for independent medical review (IMR) is dated February 9, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Localize Intense Neurostimulation Therapy (LINT) 1 time a week for 6 weeks for the Lumbar and Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS) Page(s): 97. Decision based on Non-MTUS Citation <http://www.dir.ca.gov/serp.html?1=neurostimulation&cx=001779225245372747843>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS, ODG, Medical treatment guidelines, National Clearinghouse did not provide any evidenced-based recommendations and/or scientific literature addressing the issue at dispute.

Decision rationale: Review of ACOEM, MTUS, ODG, National Clearing House, National Library of Medicine, etc. Guidelines are silent on localized intense neuro-stimulation therapy (LINT) and treatment appears to be experimental. Submitted reports have not provided any description of this procedure, its intended use or necessity to treat this patient diagnoses, relieving symptoms and providing functional improvement. The provider has not provided any evidence-based studies to support this treatment requests. The Localize Intense Neurostimulation Therapy (LINT) 1 time a week for 6 weeks for the Lumbar and Thoracic Spine is not medically necessary and appropriate.