MAXIMUS Federal Services

Case Number:	CM15-0214512		
Date Assigned:	11/04/2015	Date of Injury:	07/15/2015
Decision Date:	12/23/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/30/2015

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 56 year old male, who sustained an industrial injury on 7-15-2015. The injured worker was being treated for thoracic sprain and strain, lumbar sprain and strain, and lumbar radiculopathy. The injured worker (7-20-2015) reported severe, intermittent lower back pain with radiating to the left lower extremity. The physical exam (7-20-2015) revealed bilateral paralumbar tenderness to palpation, frank bilateral spasm, and minimal range of motion. The injured worker (9-14-2015) reported mid back pain with radiating pain, numbness, and tingling to the left ribs with difficulty breathing and low back pain with radiating pain, numbness, and tingling to the left lower extremity. The physical exam (9-14-2015) revealed bilateral parathoracic myospasm from T1-12 (thoracic 1-12) and decreased thoracic range of motion due to end range middle back pain. The treating physician noted palpable tenderness and myospasm over the bilateral paralumbar muscles, tenderness to palpation over the sciatic notches, circumscribed trigger points with taut bands, twitched response, and a positive jump sign with pressure over the bilateral paralumbar muscles. The treating physician noted decreased lumbar range of motion due to end range back pain. Per the treating physician (9-14-2015 report), x-rays were obtained, but the date and results were not included in the provided medical records. Treatment has included off work and pain medication. Per the treating physician (9-14-2015 report), the injured worker was temporary totally disabled. The treatment plan included 6 sessions of localized intense neurostimulation therapy (LINT) for the thoracic and lumbar spines. On 10-7-2015, the original utilization review non-certified a request for 6 sessions of localized intense neurostimulation therapy (LINT).

IMR ISSUES, DECISIONS AND RATIONALES

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

LINT therapy x 6: 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, Lumbar and Thoracic Chapter.

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

Decision rationale: The patient presents with pain affecting the neck, mid back, and low back. The current request is for LINT therapy x 6. The treating physician report dated 9/14/15 (27B) states, "Request for LINT therapy of the thoracic spine and lumbar spine once a week for 6 weeks." MTUS is silent on LINT. The ODG guidelines state the following regarding Hyperstimulation analgesia: "Not recommended until there are higher quality studies." In this case, the ODG guidelines do not recommend LINT therapy for the lumbar spine. The current request is not medically necessary.