

Case Number:	CM15-0041806		
Date Assigned:	03/12/2015	Date of Injury:	08/31/2014
Decision Date:	04/15/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/05/2015

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: Massachusetts

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

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 53 year old male, who sustained an industrial injury on August 31, 2014. The injured worker was diagnosed as having lumbar sprain/strain, left shoulder sprain/strain, left wrist sprain/strain, and left hand tenosynovitis. Treatment to date has included acupuncture and medication. Currently, the injured worker complains of constant moderate dull achy low back pain, left shoulder pain with radiating pain down the left upper extremity, occasional mild achy left elbow pain, and constant moderate dull achy left wrist pain, all with stiffness and heaviness. The Secondary Treating Physician's report dated January 19, 2015, noted the injured worker broke his left wrist on January 14, 2015, and was currently wearing a cast and sling on the left arm. Tenderness to palpation was noted of the bilateral SI joints and lumbar paravertebral muscles, with Kemp's causing pain bilaterally. The left shoulder was noted to have tenderness to palpation of the left shoulder and trapezius, with Speed's and Neer's causing pain on the left. Tenderness to palpation was noted in the lateral left elbow, and lateral and medial left wrist, with Tinel's and Phalen's causing pain on the left. The Physician recommended LINT (localized intensive neurostimulation treatment) therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Localized intensive neurostimulation treatment and NM diagnostic procedure 1 time a week for 6 weeks, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PENS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/8345906.

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.

Decision rationale: The claimant sustained a work related injury in August 2014 and continues to be treated for pain including radiating low back pain. Localized intensive neurostimulation (hyperstimulation) analgesia has been investigated in several controlled studies. However, such treatments are time consuming and cumbersome, and require previous knowledge of the localization of peripheral nerve endings responsible for low back pain or manual impedance mapping of the back, and these limitations prevent their extensive utilization. The treatment is not recommended until there are higher quality studies.