

Case Number:	CM15-0086822		
Date Assigned:	05/11/2015	Date of Injury:	02/22/2015
Decision Date:	06/16/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/06/2015

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: 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 45 year old female, who sustained an industrial/work injury on 2/22/15. She reported initial complaints of pain in back, neck, shoulder, arm, and lower extremity. The injured worker was diagnosed as having cervical, shoulder, right ankle, and lumbar sprain and strain. Treatment to date has included medication, chiropractic therapy, and acupuncture. Currently, the injured worker complains of constant pain, stiffness, and heaviness in the cervical spine, lumbar spine, right and left shoulders and right ankle. Per the primary physician's progress report (PR-2) on 4/8/15, examination revealed cervical compression and cervical distraction test causing pain, lumbar spine Kemp's and Nachlas' tests causing pain, both shoulders reveal Speed's and Neer's tests causing pain, and negative findings to the right ankle. Current plan of care included topical pain patch, diagnostic testing, continue course of acupuncture and shockwave therapy. The requested treatments include Localized Intense Neural Stimulation Therapy (LINT), 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 Intense Neural Stimulation Therapy (LINT), 1time/week x 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Neuromuscular electrical stimulation (NMES devices) Page(s): 121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neuromuscular Electrical Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 21.

Decision rationale: This patient receives treatment for chronic back, neck, shoulder and arm pain. This relates back to a work-related injury on 02/22/2015. The patient has received a number of treatments including chiropractic, acupuncture, and oral medications. This review addresses a request for LINT. Localized Intense Neural Stimulation (LINT) is also referred to as Neuromuscular electrical stimulation therapy (NMES). This treatment modality is used as a part of a rehab program to treat stroke. There is not at the present time enough clinical evidence from well-designed prospective trials to recommend its use for chronic pain. LINT is not medically indicated.