

Case Number:	CM14-0117560		
Date Assigned:	09/16/2014	Date of Injury:	09/19/2012
Decision Date:	10/23/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55 year old male who sustained an injury on 09/19/12 when he was involved in a motor vehicle accident and sustained multiple traumatic injuries. The injured worker has been followed for persistent complaints of low back pain radiating to the right lower extremity. The injured worker has been seen for chiropractic therapy and did receive prior localized intense neuromodulation therapy. Other treatment has included acupuncture therapy. The clinical report from 05/22/14 noted the injured worker had occasional stiffness in the right thoracic wall as well as complaints of low back pain that was aggravated by any standing, bending, or sitting. The injured worker did report improvements with the use of neurostimulation therapy. The injured worker's physical examination noted trigger points present in the thoracic paravertebral musculature. There was also tenderness and spasms noted in the thoracic paraspinals. Tenderness to palpation as well as muscular spasms were also noted in the lumbar paraspinal musculature. The injured worker was recommended to continue with neurostimulation therapy for an additional 6 sessions at this evaluation. The requested localized intense neuromodulation therapy for 3 sessions was denied by utilization review on 07/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

LINT x3: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous Electrotherapy Page(s): 113-117.

Decision rationale: The clinical documentation submitted for review would not support the proposed localized intense neuromodulation therapy. From current evidence based guidelines, the use of neuromuscular stimulation is considered investigational and not well-supported in the clinical literature due to the lack of efficacy established with this therapy versus other standard treatments for chronic pain. Neuromodulation treatment can be considered an adjunct to other forms of physical therapy that include active exercises. In this case, there is no indication from the clinical reports that the injured worker was undergoing any other manual therapy techniques such as exercise or musculoskeletal rehabilitation. Guidelines also do not recommend passive modalities for physical therapy over active modalities. Given the lack of any clear clinical indications for the use of neuromodulation therapy as a sole treatment for the injured worker's chronic pain and as there is no clear evidence of any substantial functional improvement obtained with the use of this type of therapy, this reviewer would not have recommended this request as medically necessary.