

Case Number:	CM14-0121230		
Date Assigned:	09/25/2014	Date of Injury:	01/01/2007
Decision Date:	10/27/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/30/2014

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 Physical Medicine and Rehabilitation 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:

This 54 year-old patient sustained an injury on 1/1/07 while employed by [REDACTED]. Request(s) under consideration include Localized Intense Neurostimulation X 6. Diagnoses include cervical myospasm/ radiculopathy/ sprain/ strain; lumbar myospasm/ radiculopathy/ sprain/ strain. Report of 6/19/14 from the chiropractic provider noted the patient with constant ongoing neck pain; low back pain with stiffness, aggravated by activities. Exam showed decreased and painful cervical and lumbar range; tenderness and spasm at parvertebral muscles; positive cervical compression and shoulder depression testing bilaterally; lumbar flex/ext. of 45/15 degrees. Treatment included x-rays, chiropractic treatment, referral for medications, and LINT for 6 sessions to lumbar spine with modified work of no lifting over 5 pounds and no repetitive movements and no walking greater than 100 feet repetitively. It is unclear if the patient was working. The request(s) for Localized Intense Neurostimulation X 6 was non-certified on 7/3/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Localized Intense Neurostimulation X 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Miguel Gorenbuorg Elad Schiff, Kobi Schwartz and Elon Eizenburg- LINT therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point injection Page(s): 122. 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: This patient sustained an injury on 1/1/07 while employed by [REDACTED]. Request(s) under consideration include Localized Intense Neurostimulation X 6. Diagnoses include cervical myospasm/ radiculopathy/ sprain/ strain; lumbar myospasm/ radiculopathy/ sprain/ strain. Report of 6/19/14 from the chiropractic provider noted the patient with constant ongoing neck pain; low back pain with stiffness, aggravated by activities. Exam showed decreased and painful cervical and lumbar range; tenderness and spasm at parvertebral muscles; positive cervical compression and shoulder depression testing bilaterally; lumbar flex/ext of 45/15 degrees. Treatment included x-rays, chiropractic treatment, referral for medications, and LINT for 6 sessions to lumbar spine with modified work of no lifting over 5 pounds and no repetitive movements and no walking greater than 100 feet repetitively. It is unclear if the patient was working. The request(s) for Localized Intense Neurostimulation X 6 was non-certified on 7/3/14. The patient has received multiple treatment modalities for this chronic 2007 injury with persistent unchanged chronic pain. The goal of TPI's is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified possible radicular signs which are medically contraindicated for TPI's criteria. 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's diagnoses, relieving symptoms and providing functional improvement. The provider has not provided any evidence-based studies to support this treatment requests. The Localized Intense Neurostimulation X 6 is not medically necessary and appropriate.