

<b>Case Number:</b>	CM14-0127158		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	03/22/2006
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 patient is a 53-year-old male who has submitted a claim for lumbar disc displacement and lumbar radiculopathy associated with an industrial injury date of March 22, 2006. Medical records from 2014 were reviewed. The patient complained of residual low back pain rated 4-5/10 status post lumbar spine surgery with numbness and tingling to the bilateral lower extremities. Examination of the lumbar spine showed limitation of motion with pain on flexion; tenderness of the paraspinal muscles, spinous processes L1-L5; positive SLR at 40 degrees; and decreased sensation and motor strength in the bilateral lower extremities. The diagnoses were low back pain; lumbar disc displacement; lumbar radiculopathy; and status post lumbar spine surgery with residual pain. Treatment to date has included oral and topical analgesics, trigger point injections, lumbar surgery, physical therapy, acupuncture, shockwave therapy, and localized intense neurostimulation therapy. Utilization review from July 24, 2014 denied the request for Localized Intense Neurostimulation Therapy 1x Week X 6 Weeks. Neuromuscular electrical stimulators are not recommended except for specific criteria for spinal cord injured patients.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Localized Intense Neurostimulation Therapy 1x Week X 6 Weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Neuromuscular electrical stimulators

**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 Section, Hyperstimulation analgesia

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines was used instead. According to ODG, hyperstimulation analgesia is not recommended until there are higher quality studies. The device works as therapeutic neurostimulation pulse modulation of dense electrical pulses is applied locally to specific active trigger points which are location of nerve ending associated with pain. This would effective pain relief by stimulating the release of endorphins. Initial results are promising, but only from two low quality studies sponsored by the manufacturer. In this case, use of localized intense neurostimulation therapy was noted on June 2014. However, there was no evidence of significant pain relief and functional improvement with its use. The guideline does not recommend this device as there are no high quality studies to support its use. Furthermore, there were no trigger points noted to where the device would be applied to. The medical necessity has not been established. There was no clear rationale for the request. Therefore, the request for Localized Intense Neurostimulation Therapy 1x Week X 6 Weeks is not medically necessary.