MAXIMUS Federal Services

Case Number:	CM14-0144220		
Date Assigned:	09/12/2014	Date of Injury:	03/18/2014
Decision Date:	10/14/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/05/2014

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 Orthopedic Surgery 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 claimant is a 25-year-old male with an industrial injury dated 03/18/14. Exam note 07/09/14 states that the patient returns with spine, left arm, and left knee pain. He also mentions numbness and pain in the left hand. The patient rates the neck/left shoulder/arm pain a 7/10, and a 9/10 for the upper back pain. Upon physical exam there was tenderness in each area. The lumbar spine has a restricted range of motion, and two palpable spasms. The patient was diagnosed with a strain/sprain to each area, impingement of the shoulder, epicondylitis, and rule out carpal tunnel syndrome. Treatment includes acupuncture therapy to the lumbar spine, an extracorporcal shockwave therapy session for the left shoulder and elbow, in addition to localized intense neurostimulation 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 intense neurostimulation therapy to lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Lumbar Spine

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, Hyperstimulatin analgesia

Decision rationale: CA MTUS/ACOEM is silent on the issue of localized intense neurostimulation therapy, as known as hyperstimulation analgesia. Per the ODG, Low Back section, hyperstimulation analgesia, is not recommended. Initial results are promising, but only from two low quality studies sponsored by the manufacturer (Nervomatrix Ltd., Netanya, Israel). Localized manual high-intensity neurostimulation devices are applied to small surface areas to stimulate peripheral nerve endings (A fibers), thus causing the release of endogenous endorphins. This procedure, usually described as 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 LBP or manual impedance mapping of the back, and these limitations prevent their extensive utilization. As the guidelines do not recommend localized intense neurostimulation therapy, the request for localized intense neurostimulation therapy to lumbar spine is not medically necessary and appropriate.

Electric simulation therapy, left shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Electrical stimulation

Decision rationale: CA MTUS/ACOEM is silent on the issue of electrical stimulation of the shoulder. Per the ODG, Shoulder section, electrical stimulation, "Not recommended. For several physical therapy interventions and indications (eg, thermotherapy, therapeutic exercise, massage, electrical stimulation, mechanical traction), there was a lack of evidence regarding efficacy." As the guidelines do not recommend electrical stimulation, the request for electric simulation therapy, left shoulder is not medically necessary and appropriate.