

<b>Case Number:</b>	CM14-0146440		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/05/2014
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 Occupational 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:

Injured worker is a male with date of injury 1/5/2014. Per primary treating physician's progress report dated 7/18/2014, the injured worker complains of constant moderate dull, achy, sharp low back pain. Pain is aggravated by sitting, standing, bending and squatting. He states physical therapy and medication help decrease spasm and increase range of motion. On examination there is tenderness to palpation of paravertebral muscles at the lumbar spine. Lumbar spine range of motion is flexion 50/60, extension 15/25, left lateral bending 20/25, right lateral bending 20/25. There is muscle spasm of the lumbar paravertebral muscles. Kemp's causes pain bilaterally. Sitting straight leg raise is positive on the right. Diagnoses include 1) lumbar muscle spasm 2) lumbar pain 3) lumbar radiculopathy 4) lumbar sprain/strain 5) rule out lumbar disc protrusion 6) status post-surgery, lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Localized Intensified Neurostimulation Therapy 1x week for 12 weeks for the Lumbar Spine:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Percutaneous Electrical.

**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 chapter, Hyperstimulation Analgesia section

**Decision rationale:** The MTUS Guidelines do not address hyper stimulation analgesia. The ODG does not recommend the use of hyper stimulation analgesia until there are higher quality studies. Initial results are promising, but only from two low quality studies sponsored by the manufacturer. Localized manual high-intensity neurostimulation devices are applied to small surface areas to stimulate peripheral nerve endings (fibers), thus causing the release of endogenous endorphins. This procedure, usually described as hyper stimulation 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. Medical necessity of this request has not been established.