

Case Number:	CM14-0148880		
Date Assigned:	09/18/2014	Date of Injury:	11/20/2011
Decision Date:	11/12/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/12/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 48-year-old male who reported a work related injury on 11/20/2011. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of a cervical sprain/strain and lumbar sprain/strain. The injured worker's past treatment was noted to include 1 session of localized intense neurostimulation therapy and medication management. Diagnostic studies were noted to include a nerve test, unspecified date; however, the results are still pending. Upon examination on 06/30/2014, the injured worker complained of moderate, dull, achy, sharp neck pain, stiffness, and weakness, associated with looking up and down. The injured worker also complained of constant moderate dull, achy, sharp/mid back pain, stiffness, and weakness aggravated by bending and twisting. The injured worker was also complaining of constant moderate dull, achy, sharp low back pain and stiffness aggravated by standing, walking, jogging, twisting, and squatting. It was noted to be a 4/10 on the VAS. The injured worker was noted to have completed 1 session of localized intense neurostimulation. Upon examination of the lumbar spine, it was noted that there were trigger points of paraspinals present at the lumbar spine. The range of motion was decreased and painful. There was tenderness to palpation of the lumbar paravertebral muscles. There was muscle spasm of the lumbar spine paravertebral muscle. Sitting straight leg raise was noted to be positive bilaterally. The injured worker's prescribed medications were not provided for review. The treatment plan consisted of continued localized intense neurostimulation with 5 sessions remaining, and cardiorespiratory test to be scheduled awaiting ENT consult, for a full work conditioning 12 sessions to increase strength and range of motion, and request 3 additional sessions of LINT. The rationale for the request was to help decrease pain/spasms, increase range of motion, and increase activities of daily living. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Localized intense neurostimulation, additional 3 sessions for lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS) Page(s): 97.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The National Center for Biotechnology Information advances science and health

Decision rationale: Request for localized intense neurostimulation, additional 3 sessions for lumbar is not medically necessary. LINT is not discussed in the MTUS Guidelines. Use of localized intense neurostimulation is considered to be experimental. There is no description of what the procedure is, or how it is indicated to cure or relief the injured worker's back pain. Therefore, the request for localized intense neurostimulation, additional 3 sessions for lumbar is not medically necessary.