

<b>Case Number:</b>	CM14-0032527		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	03/13/2013
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with industrial injury of March 13, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of chiropractic manipulative therapy; transfer of care to and from various providers in various specialties; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of January 23, 2014, the claims administrator denied a request for six sessions of localized intense neurostimulation therapy. The applicant's attorney subsequently appealed. In a progress note of January 16, 2014, the applicant was described as having persistent low back pain. The applicant was placed off of work, on total temporary disability. Ancillary issues included anxiety and depression. The applicant was asked to pursue four sessions of physical therapy, a pain management consultation, and six sessions of localized intense neurostimulation therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LOCALIZED INTENSE NEUROSTIMULATION THERAPY, 1 TIME A WEEK FOR 6 WEEKS, TO THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PERCUTANEOUS ELECTRICAL NERVE STIMULATION (PENS) Page(s): 97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PERCUTANEOUS ELECTRICAL NERVE STIMULATION Page(s): 97. Decision based on Non-MTUS Citation PAIN RESEARCH AND TREATMENT, RESEARCH ARTICLE, A NOVEL, IMAGE-GUIDED AUTOMATIC, HIGH-INTENSITY NEUROSTIMULATION DEVICE FOR THE TREATMENT OF NONSPECIFIC LOW BACK PAIN, GORENBERG, ET AL

**Decision rationale:** Based on the description of the modality in question, localized intense neurostimulation therapy appears to represent a form of percutaneous electrical neurostimulation (PENS) therapy. As noted on page 97 of the MTUS Chronic Pain Medical Treatment Guidelines, PENS are not recommended as a primary treatment modality but can be considered on a trial basis if used as an adjunct to a program of evidence based functional restoration, after other nonsurgical options such as therapeutic exercise and TENS have been tried and/or failed. In this case, however, there is no clear evidence that the employee has tried and failed conventional TENS unit. There is no evidence that the employee is intent on functional restoration. The employee remains off of work, on total temporary disability, approximately a year removed from the date of injury. There is no evidence that the employee is intent on using the proposed LINT therapy as an adjunct to functional restoration and exercise. Accordingly, the request remains not certified, on Independent Medical Review.