

<b>Case Number:</b>	CM14-0015833		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: New York  
Certification(s)/Specialty: Internal Medicine

### 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 41 year old male who was injured on 02/27/2012. He experienced a pop and felt a very sharp pain in the right shoulder while lifting a bag of wet, heavy trash that weighted about 250 pounds. His diagnoses are lumbar disc protrusion, lumbar muscle spasm, lumbar radiculopathy, and lumbar sprain/strain. Prior treatment history has included medications, chiropractic care and physiotherapy which offered temporary relief. PR2 dated 01/16/2014 indicates the patient complains of intermittent moderate dull, achy, sharp right shoulder pain and intermittent moderate dull, achy right knee pain. The patient suffers from depression, anxiety and irritability. On examination, there are trigger points present at the lumbar spine paraspinals bilaterally. The ranges of motion are decreased and painful. There is +3 tenderness to palpation of the lumbar paravertebral muscles. There is muscle spasm of the lumbar paravertebral muscles. Sitting straight leg raise is positive bilaterally. The treating provider has requested intense neurostimulations therapy 2 times per week for 3 weeks 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 Neurostimulations Therapy (2 times a week for 3 weeks for 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 ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back and Pain Chapters: Electrical Stimulation (NMES)

**Decision rationale:** According to the CA MTUS/ACOEM, "Under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral." The CA MTUS, Official Disability Guidelines, and National Guidelines Clearing house do not provide any evidence-based recommendations and no scientific literature addresses this request. LINT is not discussed in the MTUS or medical treatment guidelines. There is no scientific evidence establishing the efficacy of this intervention as a form of treatment for any condition. Evidence for neuromuscular stimulation to provide functional movement is limited by the small number of subjects studied to date. The treatment is not recommended as a treatment option for patients with chronic low back pain. This request is considered experimental, and there is no documentation that provides a specific description of what this procedure is, or how it is intended to cure or relieve the patient's complaint. Medical necessity for the requested item has not been established. The requested item is not medically necessary.