

Case Number:	CM14-0143647		
Date Assigned:	09/12/2014	Date of Injury:	07/24/2013
Decision Date:	01/05/2015	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/04/2014

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, has a subspecialty in Interventional Spine 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 patient is a 57-year-old female with a date of injury of 07/24/2013. The treating physicians listed diagnoses from 07/23/2014 are: 1. Neck sprain 2. Lumbar sprain 3. Thoracic sprain 4. Sprain of unspecified site of the back 5. Sprain of unspecified sight of knee and leg 6. Unspecified site of ankle sprain 7. Unspecified congenital anomalies of the face and neck 8. Sleep disturbance According to this report the patient complains of bilateral knee pain at a rate of 4/10. The patient also complains of mild body pain with no radiating symptoms. She rates her lumbar spine pain 4/10. The pain decreases with medication and topical creams to 1/10. She states that "topicals are very helpful for muscle spasms and pain." Examination shows tenderness in the paraspinal muscles and upper trap. Positive Kemp's test and negative straight leg raise test. The documents include ESWT procedure reports from 05/05/2014 to 08/01/2014, MRI of the thoracic spine from 04/25/2014, MRI of the lumbar spine from 04/24/2014, progress reports from 01/28/2014 to 07/23/2014, and UDS reports from 01/28/2014 to 06/24/2014. The utilization review denied the request on 08/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Localized Intense Neurostimulation Therapy (LINT): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 on Hyperstimulation analgesia

Decision rationale: This patient presents with bilateral knee pain and lumbar spine pain. The treater is requesting a Lumbar Localized Intense Neurostimulation Therapy (LINT). The MTUS and ACOEM Guidelines do not address this request. However, ODG under the low back chapter on hyperstimulation analgesia states, "Not recommended until there are higher quality studies. Initial results are promising, but only from two low quality studies." The records do not show a history of lumbar localized intense neurostimulation therapy (LINT). The treater does not discuss why this request was made. Given that ODG does not recommend this therapy due to lack of quality studies, the request is not medically necessary.