

<b>Case Number:</b>	CM15-0111180		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	10/18/2014
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 38-year-old female who sustained a work related injury October 18, 2014. According to a primary treating physician's progress report, dated May 5, 2015, the injured worker presented with complaints of constant, moderate headaches associated with neck pain. The headaches are debilitating and associated with episodes of light-headedness, dizziness, and occasional nausea. She reports constant burning neck pain, constant moderate mid and upper back pain, constant moderate lower back pain with radiation into buttocks, with numbness and radicular pain into the back of the thighs and extending to the back of the legs. She also complains of left ankle pain. On examination, there is tenderness to palpation of the bilateral trapezii and cervical paravertebral muscles, shoulder decompression causes pain and cervical compression causes pain. There is tenderness to palpation of the lumbar paravertebral muscles, Kemp's and Valsalva's cause pain. Heel and toe walking was performed with some difficulty, due to left ankle discomfort. There is tenderness to palpation of the anterior talofibular ligament and lateral ankle, muscle spasm of the calf and distal leg, and anterior/posterior drawer positive at the left ankle. Diagnoses are headache; cervical/thoracic/lumbar sprain/strain; left ankle sprain/strain and anxiety. At issue, is a request for authorization for LINT (localized intensive neurostimulation treatment) 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 Intensive Neurostimulation treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back - Lumbar & Thoracic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.

**Decision rationale:** Review of ACOEM, MTUS, ODG, National Clearing House, National Library of Medicine, etc. Guidelines are silent on localized intense neuro-stimulation therapy (LINT) and treatment appears to be experimental. Submitted reports have not provided any description of this procedure, its intended use or necessity to treat this patient diagnoses, relieving symptoms and providing functional improvement. Submitted reports have not demonstrated indication or necessity with failed conservative treatment modalities or extenuation circumstances to support this experimental treatment. The provider has not provided any evidence-based studies to support this treatment requests. The Localized Intensive Neurostimulation treatment is not medically necessary and appropriate.