

Case Number:	CM15-0112446		
Date Assigned:	06/18/2015	Date of Injury:	08/29/2014
Decision Date:	07/17/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old female, who sustained an industrial injury on 8/29/14. The injured worker was diagnosed as having cervical spine (HNP) herniated nucleus pulposus, cervical spine radiculopathy, right shoulder sprain/strain, right elbow sprain/strain, right wrist sprain/strain, thoracic spine pain, thoracic spine sprain/strain, low back pain, lumbar spine (HNP) herniated nucleus pulposus and radiculitis. Treatment to date has included oral medications, topical medications and activity restrictions. (MRI) magnetic resonance imaging of lumbar spine performed on 11/10/14 revealed hemangioma at S1, Schmorl's node at L5-S1, straightening of the lumbar lordotic curvature, L4-5 broad based disc herniation abutting the thecal sac and L5-S1 diffuse disc herniation indenting the thecal sac. Currently, the injured worker complains of sharp, stabbing neck pain and muscle spasms rated 6/10, sharp right shoulder pain radiating down the arm to fingers associated with muscle spasms rated 4-5/10, dull, achy, sharp, stabbing right elbow pain and muscle spasms rated 6/10, dull, achy, sharp, stabbing right wrist/hand pain and muscle spasms rated 5-6/10, dull, achy mid back pain and muscle spasms rated 5-6/10 and sharp, dull, boring low back pain and muscle spasms rated 8/10. She notes the medications offer temporary relief of pain and improve her ability to have restful sleep. Physical exam noted tenderness to palpation at the occiputs, trapezius, sternocleidomastoid and levator scapula muscles with restricted range of motion of cervical spine, tenderness to palpation at the infraspinatus and supraspinatus with tenderness to palpation at the AC joint and subacromial space of right shoulder with restricted range of motion, tenderness to palpation at the extensor muscle compartments of right elbow with restricted range

of motion, tenderness at the carpal tunnel and first dorsal extensor muscle compartment of right wrist with restricted range of motion, palpable tenderness with spasms over the bilateral thoracic paraspinals and over the spinous process T1-5 with restricted range of motion of the thoracic spine and bilateral lumbar paraspinal muscle guarding, tenderness to palpation of L2-5 and restricted range of motion of lumbar spine. The treatment plan included a request for authorization for compound creams, shockwave therapy, chiropractic therapy and LINT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Localized intense neurostimulation therapy (LINT) once per week for 6 weeks for lumbar and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous neuromodulation therapy (PNT) Page(s): 98.

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 & Lumbar & Thoracic (Acute & Chronic) Hyperstimulation analgesia.

Decision rationale: The claimant sustained a work injury in August 2014 and continues to be treated for right upper extremity and neck and low back pain. When seen, there was decreased spinal range of motion with muscle spasms. There was decreased upper and lower extremity strength and sensation. Cervical compression and distraction testing and straight leg raising were positive. Localized intensive neurostimulation (hyperstimulation) analgesia (LINT) has been investigated in several controlled studies. However, such treatments are time consuming and cumbersome, and require previous knowledge of the localization of peripheral nerve endings responsible for low back pain or manual impedance mapping of the back, and these limitations prevent their extensive utilization. The treatment is not recommended until there are higher quality studies.