

Case Number:	CM15-0064369		
Date Assigned:	04/10/2015	Date of Injury:	12/22/2014
Decision Date:	05/14/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/06/2015

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: Family Practice

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 45-year-old female who sustained an industrial injury on 12/22/2014. Her diagnoses, and/or impressions, include cervical sprain; thoracic sprain; cervicocranial syndrome; headache; interstitial myositis; generalized anxiety disorder; and insomnia. No current magnetic resonance imaging studies or diagnostic studies are noted. Her treatments have included acupuncture therapy; chiropractic treatments; psychotherapy; cervical pillow; heating/cooling unit; and medication management. The progress notes of 2/5/2015, note a history of constant and/or intermittent pain from continuous trauma to the harassed, psyche, head, both shoulders and anxiety from being yelled at, and belittled, to perform her regular duties. The physician's requests for treatments included a localized intense neuro-stimulation treatment (LINT) therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Localized Intense Neurostimulation Treatment (LINT) Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

Decision rationale: According to the Official Disability Guidelines, hyperstimulation analgesia is not recommended until there are higher quality studies. Localized Intense Neurostimulation Treatment (LINT) Therapy is when localized manual high-intensity neurostimulation devices are applied to small surface areas to stimulate peripheral nerve endings thus causing the release of endogenous endorphins. As noted by ODG, this treatment modality is currently not recommended. The request for LINT (Localized Intense Neurostimulation Treatment therapy) is therefore not supported. The request for Localized Intense Neurostimulation Treatment (LINT) Therapy is not medically necessary and appropriate.