

Case Number:	CM15-0096089		
Date Assigned:	05/26/2015	Date of Injury:	07/16/2013
Decision Date:	06/26/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/19/2015

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, Indiana, 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 injured worker is a 52 year old female who sustained an industrial injury on 7/16/13. The injured worker was diagnosed as having cervical radiculopathy, cervical sprain/strain, lumbosacral sprain/strain, lumbar disc herniation, right shoulder bursitis subacromial, left shoulder rotator cuff syndrome, and right and left carpal tunnel syndrome. Currently, the injured worker was with complaints of pain in the spine and bilateral wrists. Previous treatments included localized intense neurostimulation therapy. Physical examination was notable for tenderness to palpation to bilateral trapezial and cervical, thoracic and lumbar paravertebral muscles, tenderness to palpation to the acromioclavicular joint, bilateral dorsal wrists, lateral wrists and medial wrist areas. The plan of care was for localized intense neurostimulation therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional LINT (localized intense neurostimulation therapy) therapy sessions, Qty x3, Lumbar region: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 67; 114-116.

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 section, LINT.

Decision rationale: Pursuant to the Official Disability Guidelines, additional LINT therapy sessions quantity x3 lumbar region is not medically necessary. LINT (hyperstimulation analgesia) is not recommended until there are higher quality studies. See the guidelines for additional details. In this case, the injured worker- [REDACTED] working diagnoses are cervical radiculopathy; cervical sprain/strain; lumbosacral strain/sprain: sprain SI joint; lumbar disc herniation; right shoulder bursitis subacromial; left shoulder bursitis subacromial; left shoulder rotator cuff syndrome; left rotator cuff sprain/strain; left shoulder of MPs; right and left carpal tunnel syndrome. The treatment plan states the injured worker received prior LINT therapy. There was no documentation of objective functional improvement with prior LINT therapy. Additionally, the guidelines do not recommend LINT therapy. According to an orthopedic progress note dated January 27, 2015 (orthopedic AME) the injured worker achieved maximal medical improvement. Consequently, absent guideline recommendations for LINT therapy, additional LINT therapy sessions quantity x3 lumbar region is not medically necessary.