

Case Number:	CM13-0005787		
Date Assigned:	07/02/2014	Date of Injury:	03/11/2011
Decision Date:	08/05/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/01/2013

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 Emergency Medicine, 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:

This is a patient with a reported date of injury on 3/11/11. The mechanism of injury was a bed collapsing and pulling her upper back. The patient has a diagnosis of right middle finger volar plate fracture with stiffness, thoracic back pain, degenerative thoracic disease, dextroscoliosis (thoracic), and thoracic sprain. Multiple medical reports from the primary treating physician and consultants were reviewed. The patient complains of pain in the mid back and increased spasms. Pain worsens with pushing, pulling, and lifting. The pain is bilateral mid back radiating to the bilateral upper extremities. Pain is 6/10 without medications and 4-5/10 with medication. Objective exam reveals normal gait, and mildly decreased strength in upper extremities due to pain. There was slightly diminished sensation in C7-8 dermatome. There was negative Spurling's and Hoffman's sign. There was tenderness over the cervical paraspinals, trapezius, and rhombus. Muscles spasms were noted, right worse than left. There was tenderness over the C6-7 facet joints. There was reduced range of motion of cervical spine. EMG/NCS of the bilateral lower extremities on 8/8/12 was normal. The MRI of the thoracic spine taken on 8/16/12 reveals degenerative disc disease of T6-7 through T9-10. There was mild T2-3 foraminal stenosis, as well as multilevel dextroscoliosis and degenerative facet disease. The patient has undergone multiple sessions of chiropractic, acupuncture, and physical therapy sessions with mild improvement. The patient has undergone trial sessions of TENS with improvement in pain. Current medications include terocin ointment, atenolol, zolpidem, omeprazole, neurontin, ibuprofen, and flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZYNEX NEW WAVE AND SUPPLIES (RENTAL OR PURCHASE): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-115.

Decision rationale: A Zynex NexWave appears to be a multi-function device with interferential current, TENS, and potential other functions, depending on the model. They also produce a device called TruWave which is specifically a TENS unit. Review of all requests from treating physician's records show that the request is for a TENS unit. It is assumed the requested device is a TENS unit. Review of the MTUS guidelines shows that TENS is not recommended as a primary treatment, but may be considered if it is part of an evidenced based functional restoration program. The efficacy of TENS is variable and not conclusive. The MTUS guidelines follow CMS guidelines which are: pain of at least three-month's duration, evidence that other modalities were attempted, a successful one month trial, documentation of medication usage, and having a short and long term plan. The patient meets the criteria for continued rental of a TENS unit. The rental of the unit and supplies is medically necessary.