

Case Number:	CM13-0053298		
Date Assigned:	12/30/2013	Date of Injury:	03/29/2012
Decision Date:	04/28/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 male patient with the date of injury of March 29, 2012. A utilization review determination dated October 29, 2013 recommends non-certification of Zynex NexWave and supplies (3-6 months rental of electrotherapy unit purchase of 4 packs of reusable electrical stimulation electrodes and 4 Zynex 9 volt batteries once per month for 3-6 months). The previous reviewing physician recommended non-certification of Zynex NexWave and supplies (3-6 months rental of electrotherapy unit purchase of 4 packs of reusable electrical stimulation electrodes and 4 Zynex 9 volt batteries once per month for 3-6 months) due to lack of documentation the claimant's current status and clear evidence that the proposed modality was used in a clinical setting with subsequent specific and sustained objective and functional gains to support usage. A PR-2 dated October 17, 2013 identifies interim history of hands hurting very badly. A physical examination identifies grip strength in both wrists is 4/5. Assessment identifies lumbar radiculopathy, lumbar strain with history of herniated disc and sciatica, and bilateral carpal tunnel syndrome with increased pain. Plan identifies the patient was given medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZYNEX NEXWAVE AND SUPPLIES (THREE TO SIX MONTHS RENTAL OF ELECTROTHERAPY UNIT PURCHASE OF FOUR PACKS OF REUSABLE): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

Decision rationale: Regarding the request for Zynex Nexwave and supplies (three to six months rental of electrotherapy unit purchase of four packs of reusable), Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria if interferential stimulation is to be used anyways include pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Regarding TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation (pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. Additionally, there is no documentation that the patient has undergone an interferential unit trial with objective functional improvement. Furthermore, there is no indication that the patient has undergone a TENS unit trial, and no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. It is also unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested Zynex Nexwave and supplies (three to six months rental of electrotherapy unit purchase of four packs of reusable) is not medically necessary.