

Case Number:	CM14-0009527		
Date Assigned:	02/14/2014	Date of Injury:	06/28/2013
Decision Date:	06/24/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/24/2014

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 Internal Medicine & Emergency Medicine, and is licensed to practice in Florida. 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 patient is a 30-year-old with a date of injury of 06/28/13. A progress report associated with the request for services, dated 12/17/13, identified subjective complaints of neck, right wrist and knee pain. Objective findings included crepitus over the knees. Motor function of the right upper extremity was mildly decreased. The diagnoses included right knee, wrist, and neck pain. The treatment has included non-steroidal anti-inflammatory drugs (NSAIDs). A Utilization Review determination was rendered on 01/16/14 recommending non-certification of "Nexwave unit rental x 12 months."

IMR ISSUES, DECISIONS AND RATIONALES

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

NEXWAVE UNIT RENTAL X 12 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , ,

Decision rationale: A Nexwave unit is a combination of TENS, neuromuscular electrical stimulation, and inferential current stimulation. The California Medical Treatment Utilization

Schedule (MTUS) states that transcutaneous electrical nerve stimulation (TENS) is not recommended for the neck and upper back. For other conditions, a one month trial is considered appropriate if used as an adjunct to an evidence-based program of functional restoration. The recommended types of pain include: neuropathic pain, complex regional pain syndrome (CRPS) I and II, phantom limb pain, spasticity, and multiple sclerosis. For chronic intractable pain from these conditions, the following criteria must be met: documentation of pain for at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed. The MTUS allows a one-month trial period of the TENS unit should be documented with documentation of how often it was used, as well as the outcomes in terms of pain relief and function. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. In this case, the unit modalities are being requested for a type of pain not specified as indicated for treatment. TENS is not recommended for the neck and upper back. The MTUS also states that neuromuscular electrical stimulation is not recommended. It is used primarily for rehabilitation following stroke and there is no evidence to support its use in chronic pain. Also, the multiple criteria noted above (documentation of duration of pain, trial plan, and goal plan) have not been met. Last, a one-month trial should be attempted. Therefore, there is no documented medical necessity for a Nexwave unit. As such, the request is not certified.