

Case Number:	CM14-0014787		
Date Assigned:	02/28/2014	Date of Injury:	06/24/2011
Decision Date:	06/27/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/05/2014

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 Physical Medicine & Rehabilitation, 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:

The injured worker is a 46-year-old male with an injury reported on 06/24/2011. The mechanism of injury was not provided within the clinical notes. The clinical note dated 02/14/2014 reported that the injured worker complained of constant, severe pain in his neck and at the base of his head. The physical examination was negative for any significant abnormalities. The injured worker's diagnosis included cervical spinal stenosis. The provider requested Zynex Nexwave and supplies; the rationale was not provided. The Request for Authorization was submitted on 02/05/2014. The injured worker's prior treatments were not provided.  

IMR ISSUES, DECISIONS AND RATIONALES

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

ZYNEX NEXWAVE AND SUPPLIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, page 114-116; neuromuscular electrical stimulation (NMES devices).

Decision rationale: The request for Zynex Nexwave and supplies is non-certified. The injured worker complained of constant, severe pain in his neck and at the base of his head. The rationale

for the Zynex Nexwave and supplies was not provided. The Nexwave incorporates 3 separate modalities including interferential current stimulation (ICS), neuromuscular electric stimulation (NMES devices), and transcutaneous electrical nerve stimulation (TENS unit). The California MTUS Guidelines for the use of a TENS unit requires chronic intractable pain documentation of at least a 3 month duration. There needs to be evidence that other appropriate pain modalities have been tried (including medication) and failed. A one month trial period of the TENS unit 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; rental would be preferred over purchase during this trial. 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. A two-lead unit is generally recommended; if a four-lead unit is recommended, there must be documentation of why this is necessary. The MTUS guidelines do not recommend the use of neuromuscular electrical stimulation (NMES devices). NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. The MTUS guidelines do not recommend the use of interferential current stimulation (ICS) as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. There is a lack of clinical information indicating that the injured worker has chronic intractable pain as evidenced by documentation over at least three month duration. There is a lack of clinical information indicating the injured worker was unresponsive to medications for pain. There is a lack of clinical documentation that the injured worker has had a 1 month trial period of the TENS unit with documentation of efficacy. Moreover, the provider did not specify if the Nexwave unit was a 2 or 4 lead unit for supplies. In addition, there is a lack of clinical evidence indicating that the injured worker has had a stroke for the utilization of the NMES; the guidelines do not recommend the use of neuromuscular electrical stimulation for chronic pain use. Previous and current treatments were not provided within the most recent clinical document. The guidelines do not recommend the use of interferential current stimulation as an isolated intervention. The requesting provider did not indicate if the Nexwave was for rental or for purchase. Furthermore, the requesting provider did not specify the utilization frequency, location of application, or supplies for the Nexwave device. There is a lack of clinical information provided indicating the injured worker's pain was resolved with the usage of the Nexwave device. There is also a lack of information indicating the injured worker was unresolved to previous pain modalities. Given the information provided, there is insufficient evidence to determine appropriateness to warrant medical necessity; therefore, the request is non-certified.