

Case Number:	CM14-0159938		
Date Assigned:	10/03/2014	Date of Injury:	08/19/2003
Decision Date:	11/03/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	09/29/2014

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 Occupational 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 50-year-old male with a 8/19/03 date of injury. The mechanism of injury occurred when he missed the chair he was going to sit on and fell to the floor, injuring his lumbar spine and fracturing his coccyx. According to a progress report dated 8/20/14, the patient described his lower back pain as sharp, aching, and shooting, rated as a 7/10. The patient has used the Zynex new wave unit and it helps him significantly. He has been provided this in physical therapy and it helps control his pain and allows him to decrease his use of medication. Objective findings: antalgic gait, tenderness noted in right and left lumbar paravertebral regions and coccyx, restricted and painful range of motion of lumbar spine. Diagnostic impression: herniation of lumbar disc, lumbar degenerative disc disease. Treatment to date: medication management, activity modification, physical therapy, TENS unit, epidural steroid injection, Zynex new wave unit. A UR decision dated 9/25/14 denied the request for a Zynex new wave unit. There is limited information provided for review to justify the use of a TENS unit. It is noted that the patient was able to reduce medication and function was improved, however, this is nonspecific. There is no indication that this patient has a home exercise program. Additionally, this fracture of the coccyx is 11 years old.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zynex new wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic pain (Transcutaneous electrical nerve stimulation) P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-118.

Decision rationale: The Zynex Nexwave unit combines traditional TENS (transcutaneous electrical nerve stimulation), interferential and neuromuscular electrical stimulation in one unit. However, in the present case, there is no documentation of a rationale identifying why a combined electrotherapy unit would be required as opposed to a TENS unit. In addition, CA MTUS does not consistently recommend interferential and NMS electrotherapy. Furthermore, a treatment plan including the specific short- and long-term goals of treatment with the NexWave unit was not identified. Therefore, the request for Zynex new wave unit was not medically necessary.