

Case Number:	CM14-0052262		
Date Assigned:	07/16/2014	Date of Injury:	07/01/2010
Decision Date:	09/08/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/21/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for foot and ankle pain reportedly associated with an industrial injury of July 1, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; multiple foot and ankle surgeries, including a neuroma excision and apparent ORIF of a metatarsal fracture; adjuvant medications; and topical agents. In a Utilization Review Report dated April 7, 2014, the claims administrator denied a request for a Zynex multimodality transcutaneous electric therapy device. The applicant's attorney subsequently appealed. In an April 7, 2014 case management note, the applicant's nurse case manager stated that the applicant's physical therapist had endorsed the Zynex brand TENS unit. In a progress note dated April 28, 2014, the applicant was described as using Flexeril, naproxen, oxycodone, Norco, Lyrica, and Colace. Work restrictions were endorsed. It was stated the applicant was off of work as his employer was apparently unable to accommodate his limitations. 7/10 pain with medications versus 9/10 pain without medications was noted. The applicant stated that the medications were "working well."

IMR ISSUES, DECISIONS AND RATIONALES

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

Zynex Home Stimulator Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Criteria for the use of TENS; Interferential Current Stimulation (ICS); Neuromuscular Electrical Stimulation Page(s): 116,120,121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation topic Page(s): 121,. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Zynex Medical, Inc. www.zynexmed.com/.

Decision rationale: Per the product description, the Zynex home stimulator unit incorporates three different modalities, namely a conventional TENS unit, interferential current stimulation, and neuromuscular stimulation. One of the modalities in the device, however, neuromuscular stimulation, is not recommended in the chronic pain context present here, per page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, which further notes that neuromuscular stimulation is generally recommended only in the poststroke rehabilitative context as opposed to the chronic pain context present here. No rationale or medical evidence was furnished which would support provision of this particular device which incorporates modalities that are not endorsed by the MTUS. Therefore, the request is not medically necessary.