

<b>Case Number:</b>	CM14-0052473		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/23/1990
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 76 -year-old female who reported and injury on (date of injury not provided). Mechanism of injury not provided. Diagnostic studies were not provided. Diagnoses included hardware removal on 11/13/2013, lumbar and lower back pain. Current medication list were not provided. Surgical history was not provided. Other therapies were not provided. On 06/18/2014 the patient was in for increased soreness in buttocks and leg. The note is handwritten and hard to decipher. The injured worker was set up for home stimulation unit, TENS. On 12/03/2014, the injured worker was using a walker and brace. Upon examination there was tenderness and pain in the lower leg. On 01/07/2014 the injured worker was seen for back pain. She had the hardware removed on 11/13/2013. There was numbness in her left gluteus to her great toe. The pain was aggravated by prolonged sitting. She received an order for physical therapy. Medications were noted to include OxyContin. The injured worker reported doing well with such. The injured worker stated she had received four back surgeries prior to her surgery in 1990. The current pain level was a 4/10 to 5/10 and worst was 9/10 to 10/10. Range of motion was not tested secondary to restrictions. The goals were the injured worker lived independently and completely be compliant with home exercise program; the injured worker to independently perform left one leg stand, report pain within functional limits noted by sleeping through the night, and to present with left lower extremity strength 4+/5 or greater. The request is for A Zynex NexWave and supplies for 6 to 9 months. Request for authorization and rationale are not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A [REDACTED] Nex Wave and supplies for 6 to 9 months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Page(s): 117.

**Decision rationale:** The request is for A [REDACTED] NexWave and supplies for 6 to 9 months. The injured worker had a history of low back pain. California MTUS Guidelines for the H wave states that documentation of pain for at least 3 months duration there needs to be evidence of an opiate trial and fail pain modalities. A 1 month trial for a TENS unit should be documented. There is no quantity evidence of effectiveness except in conjunction with recommended treatments including a return to work, exercise and medication. There is little evidence of improvement on these recommended treatments alone. The findings were neither negative nor non-interpretable for the recommendation due to poor study design or methodologic issues. The request has not met the guidelines recommendation. As such, the request for a [REDACTED] NexWave and supplies for 6 to 9 months is not medically necessary.