

Case Number:	CM14-0064477		
Date Assigned:	07/11/2014	Date of Injury:	10/10/2002
Decision Date:	08/27/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/07/2014

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, has a subspecialty in Sports Medicine and is licensed to practice in Georgia. 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 patient is a 39 year old male who was injured on 10/10/2002. The mechanism of injury is unknown. Prior treatment history has included aqua therapy. Prior medication history included trazodone, Butrans, sumatriptan, Pennsaid, Cialis and pantoprazole. The patient underwent lumbar fusion of L5-S1 in 2005, with subsequent hardware removal in 2008, with fusion of L5-S1 repeated in 2008. Hardware removal occurred again in 2012. Diagnostic studies reviewed include lumbar myelography dated 03/10/2008 revealed postoperative changes and incomplete filling of nerve root between L5 and S1 on the right side. Progress report dated 05/20/2014 states the patient presented with low back pain with radiation into the back of the right lower extremity. He reported his back pain was constant but his right leg pain bothered him the most in the posterior thigh. His pain was worse with prolonged sitting and walking. On exam, there were no measurable objectively abnormal findings documented. Bilateral lower and upper extremity exam was normal. He was diagnosed with lumbar postlaminectomy syndrome, sciatica, and lumbar disc displacement without myelopathy. A spinal cord stimulator was recommended. Prior utilization review dated 05/02/2014 states the request for NexWave and Supplies (Electrodes and 9V batteries) was denied. The NexWave device, which combines interferential current stimulation (ICS), neuromuscular electrical stimulation(NMES), and TENS, was deemed as not being medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

NexWave: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, (transcutaneous electrical nerve stimulation) Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, TENS.

Decision rationale: The (MTUS) discusses TENS as well as other modes of transcutaneous electrotherapy within the Chronic Pain Medical Treatment Guidelines. Regarding TENS, the MTUS notes that it is not recommended as a primary treatment modality; however it is indicated as an adjunct in pain treatment for chronic neuropathic pain as well as other types of chronic intractable pain. MTUS recommends a 1-month trial first. The ODG also recommends starting with a 1-month trial. It notes that TENS should not be used as an isolated treatment for chronic low-back pain, though it is recommended for treatment of neuropathic pain assuming a successful trial period is first documented. It also notes that CMS recently (June 8, 2012) stated that TENS is not reasonable for the treatment of chronic low back pain based on a lack of quality evidence for its effectiveness. The NexWave device is not only an isolated TENS device, it combines TENS with interferential current stimulation (ICS) as well as neuromuscular electrical stimulation (NMES). The MTUS notes that ICS is not recommended as an isolated intervention and also recommends a 1-month trial in individuals whose pain is ineffectively controlled due to diminished effectiveness of medications or medication side effects, or those who have significant postoperative pain which limits ability to perform exercise programs or physical therapy (PT), or whose pain is unresponsive to conservative measures. The ODG takes a similar stance. MTUS notes that NMES is not recommended for treatment of pain since it is used primarily in rehabilitation of stroke patients to prevent disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range of motion, and re-educate muscles. Based on the MTUS and ODG guidelines cited, and given that the NexWave device combines one non-recommended modality, as there are other more cost-effective devices available for TENS treatment, the NexWave device is not medically necessary.

Supplies (Electrodes and 9V batteries): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, (transcutaneous electrical nerve stimulation) Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, TENS (transcutaneous electrical nerve stimulation).

Decision rationale: The MTUS discusses TENS as well as other modes of transcutaneous electrotherapy within the Chronic Pain Medical Treatment Guidelines. Regarding TENS, the MTUS notes that it is not recommended as a primary treatment modality; however it is indicated as an adjunct in pain treatment for chronic neuropathic pain as well as other types of chronic intractable pain. MTUS recommends a 1-month trial first. The ODG also recommends starting with a 1-month trial. It notes that TENS should not be used as an isolated treatment for chronic

low-back pain, though it is recommended for treatment of neuropathic pain assuming a successful trial period is first documented. It also notes that CMS recently (June 8, 2012) stated that TENS is not reasonable for the treatment of chronic low back pain based on a lack of quality evidence for its effectiveness. The NexWave device is not only an isolated TENS device, it combines TENS with interferential current stimulation (ICS) as well as neuromuscular electrical stimulation (NMES). The MTUS notes that ICS is not recommended as an isolated intervention and also recommends a 1-month trial in individuals whose pain is ineffectively controlled due to diminished effectiveness of medications or medication side effects, or those who have significant postoperative pain which limits ability to perform exercise programs or PT, or whose pain is unresponsive to conservative measures. The ODG takes a similar stance. MTUS notes that NMES is not recommended for treatment of pain since it is used primarily in rehabilitation of stroke patients to prevent disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range of motion, and re-educate muscles. Since on the NexWave device is not medically necessary due to the inclusion of NMES as one of its treatment modalities, the electrodes and 9 volt batteries which are supplies for the NexWave device, also is not medically necessary and appropriate.