

Case Number:	CM14-0081681		
Date Assigned:	07/18/2014	Date of Injury:	12/27/2013
Decision Date:	08/28/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/02/2014

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 Management 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 patient is a 43 year old female with date of injury 12/27/13. According to the Utilization Review report, the treating physician report dated 4/21/14 indicates that the patient presents with pain affecting the neck and bilateral shoulders. The mechanism of the injury was not noted. The patient has tried a transcutaneous electrical nerve stimulation (TENS) unit and has undergone physical therapy as well as medications and medical office visits. She has had difficulty sleeping due to the pain but is able to complete activities of daily living. Work status is full duty. The 4/21/14 treating physician report states that the patient has no pain, is returned to full duty with no restrictions and is at maximum medical improvement. The physical therapy report dated 3/31/14 states that a TENS unit was issued for home usage and the treating physician reports that the TENS helped decrease pain by 80%. The treating physician prescribed a Zynex Nexwave unit for 9-12 months. In researching Zynex Nexwave, this device incorporates interferential current (IFC), TENS & neuromuscular electric stimulator (NMES) into one unit for portable therapy. The current diagnosis is cervical spondylosis without myelopathy. The utilization review report dated 5/27/14 denied the request for Zynex Nexwave unit X based on the rationale of the California MTUS Chronic Pain Treatment Guidelines do not recommend electrical stimulation as an isolated therapeutic modality. There is also no documentation of derived functional improvement from any previous use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zynex Nexwave Unit (IF), #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

Decision rationale: This is a 43 year old female who presents with neck and bilateral shoulder pain that is rated a 0/10, with associated numbness and tingling and no radiation of pain. The current request is for Zynex Nexwave Unit (IF), #12. She has undergone TENS unit treatment, physical therapy, medications and medical office visits. The MTUS Guidelines do not recommend interferential current stimulation. MTUS goes on to say that if interferential current is decided to be used, the criteria should be based on after effectiveness is proven by a physician or licensed provider of physical medicine when chronic pain is ineffectively controlled with medications, history of substance abuse or from significant post-operative conditions. In this case the treating physician has documented that a TENS unit was beneficial in relieving pain for this patient but there is no discussion why the patient was prescribed a more advanced unit that provides interferential current, TENS and NMES. MTUS does not support interferential current stimulation and there is no medical rationale provided to support the usage of the Zynex Nexwave unit and is therefore not medically necessary.