

Case Number:	CM14-0000477		
Date Assigned:	01/22/2014	Date of Injury:	03/13/1994
Decision Date:	01/02/2015	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/02/2014

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 Occupational Medicine 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 chronic low back pain reportedly associated with an industrial injury of March 13, 1994. In a Utilization Review Report dated December 17, 2013, the claims administrator denied a NexWave transcutaneous electrotherapy device and associated supplies. The device vendor, per the claims administrator, was Zynex. The applicant's attorney subsequently appealed. In a progress note dated November 6, 2013, the applicant reported ongoing complaints of wrist and cervical spine pain, 4-8/10, with associated 8/10 headaches. The applicant was using Norco and Valium for pain relief. The attending provider stated that the applicant's prescription medications and TENS unit were beneficial. The applicant was given a prescription for Valium. There was no mention of the NexWave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexwave and supplies 3-6 mos: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation), Page(s): 114,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES) topic, 9792.20f Page(s): 121. Decision based on Non-MTUS Citation Product description Zynex Medical, Inc; www.zynexmed.com/.

Decision rationale: Per the device vendor, the NexWave device is an amalgam of interferential therapy, neuromuscular electrical stimulation, and conventional TENS therapy. However, neuromuscular electrical stimulation (NMES), one of the modalities in the device at issue, is not recommended outside of the poststroke rehabilitative context, per page 121 of the MTUS Chronic Pain Medical Treatment Guidelines. NMES is not, thus, recommended in the chronic pain context present here. Since one modality in the device is not recommended, the entire device is not recommended. It is further noted that the applicant appears to have received this device, despite the unfavorable MTUS position on the same. The applicant was described as using a TENS unit of some kind on a November 6, 2013 office visit, referenced above. It did not appear that introduction of the Zynex NexWave device was beneficial as the applicant's work status was not clearly outlined on this date. The applicant remained dependent on opioid and non-opioid medications such as Norco and Valium. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite previous usage of the Zynex NexWave multimodality transcutaneous electrotherapy device. Accordingly, the request is not medically necessary.