

<b>Case Number:</b>	CM15-0007725		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	02/03/2014
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 47 year old female, who sustained an industrial injury on February 3, 2014, during a fall. She has reported cervical spine and left shoulder pain. The diagnoses have included left shoulder impingement syndrome, shoulder pain, and cervical radiculopathy. Treatment to date has included left shoulder arthroscopy, physical therapy, injections, and medications. Currently, the injured worker complains of vertigo, nausea, dizziness, burning sensation in neck, noting the burning sensation in the side of the neck had been since the time of her surgery. An Orthopedic Physician's visit dated November 7, 2014, noted no pain with palpation of the left shoulder subacromial space, with essentially normal range of motion. On December 23, 2014, Utilization Review non-certified a retrospective purchase of Nexwave ESTIM unit, replacement batteries, and Stim supplies for the dates of service November 4, 2014, noting that no rationale was documented that would support purchase of a Nexwave unit instead of a simple TENS or interferential unit, with medical necessity not established. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On January 14, 2015, the injured worker submitted an application for IMR for review of a retrospective purchase of Nexwave ESTIM unit, replacement batteries, and Stim supplies for the dates of service November 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro purchase of Nexwave ESTIM unit, replacement batteries and stim supplies for DOS 11/4/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

**Decision rationale:** According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. There is no recent documentation of recent flare of neuropathic pain. There is no strong evidence supporting the benefit of Nexwave stimulation for shoulder pain . Therefore, the prescription of TRetro purchase of Nexwave ESTIM unit, replacement batteries and stim supplies for DOS 11/4/14 is not medically necessary.