

Case Number:	CM15-0145230		
Date Assigned:	08/06/2015	Date of Injury:	08/09/2013
Decision Date:	09/09/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/27/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 51 year old female patient, who sustained an industrial injury on 8-9-13. The diagnoses have included right shoulder rotator cuff injury; myofascial pain syndrome and cervical sprain and strain. She sustained the injury while trying to set up a shelf, it fell on her arms and hands. Per the doctor's note dated 4/6/2015, she had complaints of neck, right upper extremity and right shoulder pain. Per the doctor's note dated 7/7/2015, the physical examination revealed cervical spine- spasm and tenderness; trigger points and decreased range of motion; right shoulder- myofascial trigger points, tenderness and decreased range of motion. The medications list includes flexeril; lyrica; tylenol No. 3; iodine; mobic, ambien and vicodin. She has had magnetic resonance imaging (MRI) of the shoulder, neck and right hand. She has had physical therapy visits for this injury. The request was for Zynex Nex Wave TENS (Transcutaneous Electrical Nerve Stimulation) unit with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zynex NexWave TENS (Transcutaneous Electrical Nerve Stimulation) unit with supplies:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 114-116 TENS, chronic pain (transcutaneous electrical nerve stimulation) Page 118-120 Interferential Current Stimulation (ICS) Page 121 Neuromuscular electrical stimulation (NMES devices).

Decision rationale: Zynex NexWave TENS (Transcutaneous Electrical Nerve Stimulation) unit with supplies. Nexwave unit is a combination of TENS, IF and NEMS units. Per the MTUS chronic pain guidelines, there is no high grade scientific evidence to support the use of effectiveness of electrical stimulation for chronic pain. According the cited guidelines, TENS is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use)." Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation (ICS) is "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." Per the CA MTUS Chronic Pain Medical Treatment Guidelines neuromuscular electrical stimulation (NMES devices) is "Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no trials suggesting benefit from NMES for chronic pain." Cited guidelines do not recommend TENS, IF and NMES for the chronic pain. Any evidence of stroke is not specified in the records provided. Patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Response to prior conservative therapy including physical therapy is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The Zynex NexWave TENS (Transcutaneous Electrical Nerve Stimulation) unit with supplies is not medically necessary for this patient at this time.