

Case Number:	CM15-0163642		
Date Assigned:	08/31/2015	Date of Injury:	06/05/2001
Decision Date:	09/30/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/20/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This injured worker is a 64 year old male who reported an industrial injury on 6-5-2001. His diagnoses, and or impressions, were noted to include: lumbar stenosis; chronic pain syndrome; lumbar degenerative disc disease; low back pain; cervical stenosis; post-cervical laminectomy syndrome; degenerative cervical disc disease; carpal tunnel syndrome; and myalgia and myositis. No current imaging studies were noted. His treatments were noted to include: H-wave therapy - effective; medication management and rest from work. The progress notes of 4-8-2015 reported a follow-up visit with reports of having to return of his H-wave unit which provided a significant "reduction in his function" and "increase in his pain"; pain that was increased by activity; that the use of his medications and H-wave unit returned his moderate-severe pain to a base-line level of mild; and of increased low back pain with bilateral lower extremity numbness. Objective findings were noted to include: joint swelling and pain with muscle pain and weakness; balance problems; migraine headaches; decreased Achilles deep tendon reflexes; reduced sensation in the bilateral sacral 1 dermatomes; trigger point tenderness over the lumbosacral para-spinals; and positive bilateral straight leg raise with painful lumbar flexion and extension. The physician's requests for treatments were noted to include the purchase of Zynex NexWave (electrotherapy equipment) and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Zynex Nexwave and supplies for purchase (DOS: 4/15/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NMES, Pain section, TENS unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Zynex Nexwave and supplies for purchase date of service April 15, 2015 is not medically necessary. Neuromuscular electrical stimulation (NMES devices) are not recommended. NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are lumbar stenosis; chronic pain syndrome; lumbar degenerative disc disease; low back pain; cervical stenosis spinal canal; post laminectomy syndrome cervical; degenerative disc disease cervical; carpal tunnel syndrome; and myalgia or myositis. Date of injury is June 5, 2001. Request for authorization is August 3, 2015. The date of service referenced is April 15, 2015. There is no April 15, 2015 progress note. A progress note dated April 8, 2015 states the injured worker returned and H wave device based on an increase in symptoms and decreasing function. The treating provider is requesting a TENS unit. The Zynex Nexwave is a combination TENS, NMES and IFC unit. Subjectively, the injured worker has ongoing low back pain. Pain score is 7/10. Objectively, the injured worker has spasms of the low back. There is no indication or rationale for a combination TENS, NMES and IFC unit. Additionally, there is no 30 day TENS trial. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication for a combination TENS, NMES and IFC unit and no documentation with a 30 day TENS trial, retrospective Zynex Nexwave and supplies for purchase date of service April 15, 2015 is not medically necessary.