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| <b>Case Number:</b>   | CM15-0028631 |                              |            |
| <b>Date Assigned:</b> | 02/20/2015   | <b>Date of Injury:</b>       | 09/02/2009 |
| <b>Decision Date:</b> | 04/06/2015   | <b>UR Denial Date:</b>       | 01/12/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/17/2015 |

### 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 York, Tennessee  
 Certification(s)/Specialty: Emergency 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 38 year old female, who sustained an industrial injury on 9/2/09. She has reported bilateral shoulder and hand pain. The diagnoses have included cervical degenerative disc disease, rotator cuff sprain, displacement of intervertebral disc, degeneration of cervical intervertebral disc, pain in joint involving upper arm, carpal tunnel syndrome, myalgia and myositis and cervicgia. Treatment to date has included arthroscopic cuff debridement, left shoulder arthroscopic surgery, oral pain medication, physical therapy and TENS unit. Currently, the injured worker complains of bilateral hand and shoulder pain; she states she is doing better with the left shoulder. On physical exam dated 1/2/15 restricted range of motion is noted in right and left shoulder and light sensory testing is decreased bilaterally in fingers. On 1/12/15 Utilization Review non-certified DME: Zynex NexWave and supplies date of service 9/28/14, noting there is no clear indication as to how this modality will impact functional status in a positive manner. The MTUS, ACOEM Guidelines, was cited. On 2/11/15, the injured worker submitted an application for IMR for review of DME: Zynex NexWave and supplies date of service 9/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zynex Nexwave and supplies (DOS 9/28/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 114-115, 118-119, 121.

**Decision rationale:** Zynex nexwave is a multi-stim unit. Multi-stim unit is a device that provides TENS, interferential, and neuromuscular stimulation. TENS units are 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, including reductions in medication use, for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Functional restoration programs (FRPs) are designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. The patient was not participating in a functional restoration program. There is documentation that the patient used the TENS unit for one month at home, but there is no documentation of usage parameters or defined decrease in pain. TENS therapy is not recommended. 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. ICS is indicated when pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, there is a history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment, or the pain is unresponsive to conservative measures. In this case the requests are being made for acupuncture. ICS is not indicated. Neuromuscular electrical stimulation (NMES) 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.