MAXIMUS Federal Services

Case Number:	CM15-0212936		
Date Assigned:	11/02/2015	Date of Injury:	06/25/2004
Decision Date:	12/11/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/28/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 58 ([redacted]) year old male, who sustained an industrial injury on 6-25-2004. The injured worker is being treated for protrusion-osteophyte at C3 through C7 with moderate to severe bilateral neural foraminal stenosis, bilateral upper extremity cervical neuropathy, bilateral carpal tunnel syndrome, multilevel degenerative disc disease and spondylosis thoracic spine, cervical herniated nucleus pulposus, thoracic herniated nucleus pulposus, lumbar herniated nucleus pulposus, gastroesophageal reflux disease (GERD) secondary to medication usage, cervical spine spondylosis, depression due to chronic pain syndrome, neuropathic pain in the bilateral and lower extremities, gastritis secondary to medications, anxiety and depression. Treatment to date has included acupuncture, medications, Per the Primary Treating Physician's Progress Report dated 9-09-2015, the injured worker presented for follow-up evaluation. He reported neck pain rated as 10 out of 10 with radiation to the bilateral arms, mid back pain, rated as 7 out of 10, low back pain rated as 7 out of 10 with radiation down to the bilateral feet with associated weakness, bilateral wrist and hand pain rated as 10 out of 10 with radiation to the bilateral upper extremities with associated numbness, tingling sensation and weakness. Objective findings included restricted range of motion of the cervical spine and lumbar spine. Sensation in the upper extremities was decreased over C6-C7 dermatomes bilaterally; sensory exam was decreased over the right L4 and L5 and S1 dermatomes. The notes from the provider do not document efficacy of the prescribed medications Work status was deferred to PTP. The plan of care included medications, epidural injection, and consultations. Authorization was requested for Zynex NexWave and supplies

(DOS 9-08-2015). On 10-12-2015, Utilization Review non-certified the request for Zynex NexWave and supplies (DOS 9-08-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Zynex NexWave and supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation http://www.zynexmed.com/products/.

Decision rationale: Zynex NexWave and supplies are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and an online review of this product. The NexWave is a prescription strength 3-in-1 device with three modalities (IFC, TENS & NMES) per an online review of this product. The MTUS guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The guidelines state that a TENS unit can be used for neuropathic pain; CRPS; MS; spasticity; and phantom limb pain. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. The MTUS states that for interferential therapy 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. The documentation submitted does not reveal patient has had a stroke or is receiving post stroke rehabilitation. The documentation does not reveal a one-month trial period with documentation of pain relief and function. The request for this device is not medically necessary.