

Case Number:	CM15-0031812		
Date Assigned:	02/25/2015	Date of Injury:	06/03/2013
Decision Date:	04/06/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/19/2015

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: Arizona, 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:

The injured worker is a 55-year-old female, with a reported date of injury of 06/03/2013. The diagnoses include cervical degeneration, cervical stenosis, and myalgia. Treatments have included physical therapy, acupuncture, oral medications, an MRI of the cervical spine on 10/02/2014, and a computerized tomography (CT) scan of the cervical spine on 01/13/2015. The medical report dated 01/22/2015 indicates that the injured worker had neck pain. It was noted that the injured worker has responded to physical therapy and acupuncture. The pain was somewhat manageable at that time. The treating physician indicated that the injured worker may require surgical intervention down the line. This visit did not include documentation of a physical examination or objective findings. The treating physician requested a Zynex Nexwave Electro Stimulator. The rationale for the request was not indicated. On 02/02/2015, Utilization Review (UR) denied the request for Zynex Nexwave Electro Stimulator, noting that the guidelines that there is insufficient scientific testing to determine the effectiveness of these therapies. The MTUS Chronic Pain Guidelines and the MTUS ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Zynex Nexwave Electro Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 30,Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, IC, NMES Page(s): 113-120.

Decision rationale: Zynex incorporates TENS, interferential current and neuromuscular stimulation. According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. An 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. 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. Based on the above guidelines and lack of clinical diagnoses with the claimant to support its use. The Zynex is not medically necessary.