

Case Number:	CM15-0047406		
Date Assigned:	03/19/2015	Date of Injury:	08/19/2014
Decision Date:	04/24/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/12/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old male, who sustained an industrial injury on 8/19/2014. Diagnoses include lumbar sprain/strain, right hip sprain and right hand sprain. Treatment to date has included medications, right lumbar medial branch blocks (2/03/2015), home exercises, consultations, acupuncture and physical therapy. Per the Physiatric Occupational Report dated 2/11/2015 the injured worker reported partial relief at his right low back with medial branch blocks. Most prominently he is complaining of pain at the right anterior hip. Pain at the right hip is decreased when he partially flexes the right hip. Physical examination revealed reduced lumbar flexion. Seated straight leg raises were equivocal bilaterally. Faber's test and FAI sign were positive on the right. The plan of care included consultation with an orthopedic surgeon regarding his right hip pain. Authorization was requested for Zynex 30 day trial (11/03/2014). A handout from Zynex indicates that the device produces interferential current, tens, and NMES.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zynex 30 day trial, (DOS 11/03/2014) (Unspecified dosage): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-121 of 127.

Decision rationale: Regarding the request for Zynex unit, this unit is a combination electrical stimulation unit, which includes TENS, interferential current, and neuromuscular stimulation. In order for a combination device to be supported, there needs to be guideline support for all incorporated modalities. Chronic Pain Medical Treatment Guidelines state that 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. Additionally, guidelines state that interferential current stimulation is not recommended as an isolated invention except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Finally, guidelines state that neuromuscular electrical stimulation is not recommended. Within the documentation available for review, there is no indication that the patient is failed a TENS unit trial, as recommended by guidelines prior to an interferential unit trial. Additionally, there is no indication that the interferential current stimulation will be used as an adjunct to program of evidence-based rehabilitation, as recommended by guidelines. Furthermore, guidelines do not support the use of neuromuscular stimulation. As such, the currently requested Zynex unit is not medically necessary.