

Case Number:	CM14-0116012		
Date Assigned:	09/16/2014	Date of Injury:	11/13/2012
Decision Date:	10/17/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 13, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; adjuvant medications; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated July 15, 2014, the claims administrator denied a request for a Zynex Nexwave device, a form of TENS unit. The applicant's attorney subsequently appealed. In an August 1, 2014 progress note, the applicant seemingly stated that ongoing issues of the TENS device was ameliorating his pain complaints and diminishing his consumption of Tramadol and Motrin. The applicant was still using Gabapentin, it was stated. It was acknowledged that the applicant was not working with permanent limitations in place. Multiple medications were renewed. The TENS unit was apparently sought for purchase purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Zynex NexWave and supplies to include 4 packs of re-usable electrical stimulation electrodes and 4 Zynex 9 vold batteries once per month for the long term, no duration noted.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Neuromuscular Electrical Stimulation topic. Page(s): 121.

Decision rationale: Per the part of description, the Zynex Nexwave device is an amalgam of conventional TENS therapy, interferential current stimulation, and neuromuscular electrical stimulation. However, as noted on page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, neuromuscular stimulation is not recommended in the chronic pain context present here. Rather, neuromuscular stimulation, per page 121 of the MTUS Chronic Pain Medical Treatment Guidelines is reserved for the post-stroke rehabilitative context. No rationale for selection of this particular modality was proffered by the attending provider in the face of the unfavorable MTUS position on the same. As one modality in the device is not recommended, the entire device is not recommended. Therefore, the request is not medically necessary.