

Case Number:	CM14-0165223		
Date Assigned:	10/10/2014	Date of Injury:	04/01/2009
Decision Date:	11/18/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/07/2014

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 Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 52-year-old female with a date of injury of 04/01/2009. The listed diagnoses per [REDACTED] are: 1. Lumbar degenerative disk disease. 2. Lumbar radiculitis. 3. Status post L5-S1 microdiscectomy, 10/04/2013. 4. Depression. 5. Anxiety. According to progress report 08/29/2014, the patient presents with complaints of low back pain and right leg pain with weakness. The patient is awaiting authorization for lumbar surgery as recommended by [REDACTED]. Examination revealed tenderness with palpation in the left lower lumbosacral region, small palpable movable nodule most likely neuroma/lipoma. 2+ pitting edema in the lower extremities bilaterally. Straight leg raise is positive on the right and negative on the left. There is multiple tender points in humerus bilaterally and femur bilaterally. The treater is requesting Zynex EMS unit for home use. Utilization review denied the request on 09/04/2014. Treatment reports from 03/14/2014 through 08/29/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zynex EMS unit (home use)/purchase for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116/127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Guidelines MTUS Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: This patient presents with chronic low back and leg pain. The treater is requesting Zynex EMS unit for home use for patient's "pain and disuse atrophy." Neuromuscular electrical stimulation (NMES devices) under MTUS p121 states it 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. In this case, NMES is not supported for chronic pain. Therefore, the request for Zynex EMS unit (home use)/purchase for lumbar spine is not medically necessary and appropriate.