

Case Number:	CM15-0017980		
Date Assigned:	02/02/2015	Date of Injury:	06/25/2007
Decision Date:	03/30/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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

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 year old female, who sustained an industrial injury on June 25, 2007. She has reported lower back pain and tailbone pain. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, lumbar or lumbosacral degenerative disc disease, lumbago, trochanteric bursitis, and fibromyalgia/myositis. Treatment to date has included medications, physical therapy, use of a cane, epidural steroid injection, and imaging studies. A progress note dated November 11, 2014 indicates a chief complaint of increased tailbone pain. Physical examination showed bilateral lumbosacral and severe coccygeal tenderness, range of motion limited by pain and guarding, antalgic gait, positive straight leg raises bilaterally, right ankle pain, and a mildly swollen right ankle with a well-healed incisional scar. The treating physician is requesting a Zynex Nexwave and supplies purchase. On November 19, 2014 Utilization Review denied the request citing the MTUS chronic pain medical treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zynex Nexwave and supplies purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Interferential current stimulation (ICS), Neuromuscular elec.

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

Decision rationale: This patient presents with tailbone pain, right ankle pain. The treater has asked for ZYNEX NEXWAVE AND SUPPLIES PURCHASE on 10/8/14. The patient had relief from a trial of the TENS unit per 10/8/14 report. The Xynex Nexwave unit is a combination neurostimulator, TENS, and massage unit. Regarding TENS units, MTUS guidelines allow a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. Regarding neuromuscular electrical stimulation, MTUS recommends as part of rehabilitative treatment program for stroke, but not indicated for chronic pain. Her work status is described as “per PTP” per 10/8/14 report. In this case, the patient has a chronic pain condition, and is not rehabilitating from a stroke. The requested Nexwave multi-stim unit containing neuromuscular stimulation is not indicated for chronic pain per MTUS. The request IS NOT medically necessary.