

Case Number:	CM15-0120442		
Date Assigned:	07/01/2015	Date of Injury:	04/29/1996
Decision Date:	07/30/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/22/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year old female sustained an industrial injury to the neck and back on 4/29/96. Previous treatment included facet injections, ice, heat, transcutaneous electrical nerve stimulator unit, home exercise and medications. In a visit note dated 6/8/15, the injured worker complained of ongoing neck pain with radiation into the left upper extremity and low back pain with radiation into the left lower extremity. The injured worker reported previously receiving excellent benefit from the use of a transcutaneous electrical nerve stimulator unit on a daily basis. The injured worker had received a replacement unit; however, it was not the same unit that she had previously. The injured worker reported that the replacement unit was not effective. The injured worker planned to send it back to the company. The injured worker was requesting a Zynex transcutaneous electrical nerve stimulator unit. Current diagnoses included chronic pain, cervical post laminectomy syndrome, neck pain and muscle spasm. The treatment plan included requesting a NexWave TENS unit by Zynex Medical and prescriptions for Lyrica, Kadian and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

NexWave TENS unit by Zynex Medical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, NexWave TENS unit by Zynex Medical is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living." In this case, the injured worker's working diagnoses are chronic pain NEC; post laminectomy syndrome/fusion; pain; and spasm muscle. The documentation indicates the injured worker has been using a TENS unit daily with good results. The injured worker received a replacement unit. The replacement TENS unit did not provide the same results as the original. The injured worker does not like it. The injured worker wants the Zynex unit. There is no clinical rationale for the Zynex Unit. There are no compelling clinical facts indicating the Zynex unit is clinically indicated. Consequently, absent compelling clinical documentation indicating Nexwave TENS unit by Zynex Medical is clinically indicated, NexWave TENS unit by Zynex Medical is not medically necessary.

9V batteries QTY: unknown: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 9 V batteries quantity unspecified is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The

Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. " There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living." In this case, the injured worker's working diagnoses are chronic pain NEC; post laminectomy syndrome/fusion; pain; and spasm muscle. The documentation indicates the injured worker has been using a TENS unit daily with good results. The injured worker received a replacement unit. The replacement TENS unit did not provide the same results as the original. The injured worker does not like it. The injured worker wants the Zynex unit. There is no clinical rationale for the Zynex Unit. There are no compelling clinical facts indicating the Zynex unit is clinically indicated. Absent compelling clinical documentation indicating NexWave TENS unit by Zynex Medical is clinically indicated, NexWave TENS unit by Zynex Medical is not medically necessary. An unspecified open-ended number of 9 V batteries is not clinically indicated. The Zynex TENS unit is not medically necessary and, as a result, 9 V batteries quantity unspecified is not medically necessary.

Electrodes QTY: unknown: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, electrodes quantity of unspecified is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units,

and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living." In this case, the injured worker's working diagnoses are chronic pain NEC; post laminectomy syndrome/fusion; pain; and spasm muscle. The documentation indicates the injured worker has been using a TENS unit daily with good results. The injured worker received a replacement unit. The replacement TENS unit did not provide the same results as the original. The injured worker does not like it. The injured worker wants the Zynex unit. There is no clinical rationale for the Zynex Unit. There are no compelling clinical facts indicating the Zynex unit is clinically indicated. Absent compelling clinical documentation indicating NexWave TENS unit by Zynex Medical is clinically indicated, NexWave TENS unit by Zynex Medical is not medically necessary. An unspecified open-ended number of electrodes is not clinically indicated. The Zynex TENS unit is not medically necessary and, as a result, electrodes quantity unspecified is not medically necessary.