

Case Number:	CM15-0073172		
Date Assigned:	04/23/2015	Date of Injury:	12/09/2008
Decision Date:	05/20/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/16/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 62 year old man sustained an industrial injury on 12/9/2008 after lifting a heavy box. Treatment has included oral medication. No further treatment history is found. Acupuncture notes dated 3/5/2015 show complaints of upper and low back, bilateral shoulders, and bilateral knee pain rated 8-9/10. Chiropractic notes dated 3/19/2015 show complaints of lumbar and cervical spine pain rated 8/10 and use of e-stimulation. Recommendations are made to continue therapy. Physical therapy notes dated 3/19/2015 show pain to the neck and bilateral shoulders rated 8/10. Recommendations are made to continue physical therapy services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing use of Zynex Nexwave (rental): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES) Devices Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS)-page 118; Neuromuscular electrical stimulation (NMES devices); Transcutaneous electrotherapy Page(s): 118 and 121 and 114-116. Decision based on Non-MTUS Citation <http://www.zynexmed.com/products/#nexwave>.

Decision rationale: Ongoing use of Zynex Nexwave (rental) is not medically necessary per the MTUS guidelines. Per online review of Zynex Nexwave this system utilizes TENS, interferential current, and NMES. The MTUS Chronic Pain Medical Treatment Guidelines notes that NMES is not supported for the treatment of chronic pain and used primarily for post stroke rehabilitation. Additionally, the Chronic Pain Medical Treatment Guidelines note that interferential current stimulation (ICS) is not recommended as an isolated intervention. The unit includes NMES, which are clearly not recommended per the MTUS guidelines for this patient's condition. Additionally, the MTUS Guidelines would not recommend ongoing TENS therapy without continued evidence of efficacy. The patient has not had any documentation of stroke. Therefore, the request for Zynex is not medically necessary.