

<b>Case Number:</b>	CM15-0077709		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	12/01/2014
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

The injured worker is a 45 year old female, who sustained an industrial injury on 12/01/2014. Diagnoses include lumbar strain. Treatment to date has included diagnostics, medications, chiropractic care, heat, rest, work modification and physical therapy. Per the Primary Treating Physician's Progress Report dated 1/23/2015, the injured worker reported no improvement of low back pain. Pain level is currently 6/10 on a subjective scale and radiates to the thighs. Physical examination revealed a loss of normal lordosis of the spine. There was tenderness to level 1-5 of the lumbar spine with bilateral muscle spasms and decreased ranges of motion. The plan of care included medications. Authorization was requested for a Zynex Nexwave and supplies x 3-6 months (DOS 2/05/2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Zynex NexWave and supplies for three to six months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

**Decision rationale:** Interferential current stimulation is a type of electrical stimulation treatment for pain. The literature has not shown benefit from this treatment, possibly because of the limited quality studies available. The MTUS Guidelines support the use of this treatment only when it is paired with other treatments that are separately supported and in workers who have uncontrolled pain due to medications that no longer provide benefit, medications are causing intolerable side effects, a history of substance abuse limits the treatment options, the pain does not respond to conservative measures, and/or pain after surgery limits the worker's ability to participate in an active exercise program. A successful one-month trial is demonstrated by decreased pain intensity, improved function, and a decreased use of medication. The submitted and reviewed documentation indicated the worker was experiencing lower back stiffness and pain that went into the legs. There was no suggestion of having failed treatment with medications, intolerable negative side effects, or any other related issues. There was no description of the results of a trial with this treatment. In the absence of such evidence, the current request for a RetroZynex NexWave unit with supplies for three to six months is not medically necessary.