

<b>Case Number:</b>	CM13-0042113		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/22/2008
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, mid back, and shoulder pain reportedly associated with an industrial injury of March 22, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; prior cervical spine surgeries; apparent diagnosis of a shoulder rotator cuff tear; shoulder corticosteroid injections; Botox injections; and usage of a cervical collar at various points in time. In a Utilization Review Report of October 7, 2013, the claims administrator denied a request for acupuncture and denied a request for an H-Wave home care system. The applicant's attorney subsequently appealed. A September 12, 2013 progress note is notable for comments that the applicant has had at least three sessions of physical therapy in 2013 and also completed two recent sessions of physical therapy. The applicant is on Norco and Cymbalta but reports on and off shoulder, neck, and upper back pain. Six additional sessions of acupuncture, 12 additional sessions of physical therapy, and a TENS unit were sought while the applicant was placed on modified duty work. On September 13, 2013, the applicant consulted a chronic pain physician, who sought authorization for physical therapy, acupuncture, topical compounds, pain psychology, and 30-day trial of an H-Wave home care system. It did not appear that the applicant was working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNTURE 2X4 NECK AND UPPER BACK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The Expert Reviewer's decision rationale: As noted in MTUS 9792.24.1d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, there has been no clear demonstration of functional improvement following completion of at least three earlier sessions of acupuncture in July 2013. The applicant has seemingly failed to return to work. The applicant remains highly reliant on various oral pharmaceuticals, topical compounds, physical therapy, and other forms of treatment. Continued acupuncture is not indicated, given the failure of prior acupuncture in terms of the parameters established in MTUS 9792.20f. Therefore, the request is not certified.

**H-WAVE UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION Page(s): 117.

**Decision rationale:** The Expert Reviewer's decision rationale: As noted on page 117 of the MTUS Chronic Pain Medical Treatment Guidelines, an H-Wave home care system one-month rental can be employed in the treatment of chronic diabetic neuropathic pain and/or chronic soft tissue inflammation in those applicants who have tried and failed analgesic medications, physical therapy, and a conventional TENS unit. In this case, while it appears that the applicant may have tried and failed a conventional TENS unit, the attending provider continued to order physical therapy, including as recently as September 13, 2013, and also introduced several new analgesic and adjuvant medications on the same date, including Topamax, Zanaflex, and a topical compound. All the above, taken together, imply that the applicant has not, in fact, failed physical therapy and/or medications before the H-Wave home care system was sought. Therefore, the request is not certified, on Independent Medical Review.