

<b>Case Number:</b>	CM14-0183046		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	03/04/2007
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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. The expert reviewer is Board Certified in Internal 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 injured worker (IW) is a 45-year-old woman with a date of injury of March 4, 2007. The IW was working as a housekeeper and sustained 4 injuries with overlapping body parts. The exact mechanism of injury was not documented in the medical record. Prior treatments have included medications, office visits, diagnostic testing, cortisone injections, temporary bracing, physical therapy and acupuncture. The IW was dispensed an H-wave unit by the provider. He recommended rental for 3 months. Peer reviews approved a 1-month trial May of 2012. Request to purchase unit was denied by peer review several times. The IW received acupuncture X 6 in March of 2011 and an additional 6 in November of 2011. A request for an additional 12 sessions was denied by peer review December 28, 2012, and again February 1, 2012. The IW last received 6 sessions of acupuncture January 10, 2014. Request for 12 additional was denied by peer review on January 24, 2012. The IW changed primary treating physicians. The new provider is now requesting acupuncture 1 times a week for 3 months. He is also requesting H-wave batteries. Pursuant to a progress note dated August 28, 2014, the IW complains of neck pain, right shoulder pain, right arm pain, right hand pain, and trouble sleeping due to right shoulder pain. Cervical spine examination reveals normal cervical lordosis. Thoracic spine exam was normal. There is right shoulder rotator cuff tenderness with supraspinatus but no infraspinatus tenderness. Hawkins test was negative. Neer's test was positive in the right shoulder. Finkelstein's test was positive on the right for DeQuervain's tenosynovitis. Tinel's test is positive on the right for carpal tunnel. The IW was diagnosed with chronic right shoulder pain status post right shoulder arthroscopic subacromial decompression, rotator cuff debridement and glenoid labral debridement from November 28, 2007; chronic neuropathic pain of the right shoulder; symptoms of right carpal tunnel; symptoms of right DeQuervain's tenosynovitis; chronic cervical pain with history consistent with cervical injury on May 23, 2007; and asthma

(non-industrial). Current medications include Norco 10/325mg, and Lidoderm patches. The provider is recommending acupuncture treatments.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture times 12:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, H Wave Stimulation .

**Decision rationale:** Pursuant to the Official Disability Guidelines, acupuncture times 12 visits is not medically necessary. The guidelines provide the frequency and duration for acupuncture. This is be an initial trial of 3 to 4 visits over two weeks with evidence of reduced pain, medication use and objective functional improvement. Total up to 8 to 12 visits over a 4 to 6 weeks. In this case, the injured worker was being treated for chronic myofascial pain of the right shoulder and right upper extremity. She has had shoulder decompression surgery on November 28 of 2007. She was also treated for right carpal tunnel syndrome and right DeQuervain's tenosynovitis. The record indicates the injured worker had a short course of acupuncture in January 2014. The injured worker received approximately 30% relief of symptoms, however, it did not produce any objective functional improvement. The total number of visits was not in the record. The injured worker's dependence on medication increased following the course of acupuncture. According to the submitted request, however, the injured worker claims the acupuncture therapy was very helpful. Absent clear objective evidence of contemporaneous significant functional objective improvement from previous courses of acupuncture, this request is not medically necessary. Consequently, acupuncture times 12 visits is not medically necessary.

**H-waves batteries:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H Wave Stimulation Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, H Wave Stimulation.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, H wave batteries are not medically necessary. The guidelines state H wave stimulation (HWT) is not recommended as an isolated intervention for chronic pain. There is insufficient evidence to recommend the use of HWT for the treatment of chronic pain. There has no high quality studies on this topic identified. HWT may be considered on a trial basis if other noninvasive conservative modalities have failed. The documentation prior to HWT being

initiated must include: the reason the physician believes HWT may lead to functional improvement and/or reduction in pain for the patient; and the use of TENS for at least a month and has not resulted in functional improvement or reduction in pain; and physical therapy, home exercise and medications have not resulted in functional improvement or reduction in pain; and the patient was participating in an evidence-based functional restoration program without satisfactory reduction in pain or functional improvement. In this case, the H wave stimulation unit has been denied on multiple occasions based on the MTUS guidelines and absent evidence of objective functional improvement following a trial of this device. There was also a failure to document a previously failed course of TENS as required by the MTUS guidelines. Consequently, if the HWT unit is denied, the batteries are denied. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, H wave batteries are not medically necessary.