

<b>Case Number:</b>	CM15-0167013		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	09/24/2014
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: Internal Medicine, Rheumatology

### 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 37 year old male, who sustained an industrial injury on 9-24-2014. He reported head, neck and low back pain due to a motor vehicle accident. Diagnoses have included lumbar discogenic disease and cervical discogenic disease. Treatment to date has included magnetic resonance imaging (MRI), physical therapy and medication. According to the progress report dated 7-14-2015, the injured worker complained of neck and low back pain. Physical exam revealed decreased range of motion of the neck. He had profound spasm bilaterally of his trapezius muscles. He walked with an antalgic gait, limping on his left side. He had positive leg lift on the left and right. He had decreased pain and touch sensation in the right C5, C6 and C7 and left L3, L4 and L5 nerve dermatomes. It was noted that lumbar magnetic resonance imaging (MRI) showed bulging discs at L5-S1 and L4-L5 with foraminal narrowing and cervical magnetic resonance imaging (MRI) showed cervical compression at C5-C6 and C6-C7 with foraminal narrowing. Authorization was requested for acupuncture twice a week for six weeks for the neck and low back and an H-wave unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 6 weeks for neck and low back: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174-175; 300.

**Decision rationale:** This 37 year old male has complained of head, neck and lower back pain since date of injury 9/24/2014. He has been treated with physical therapy and medications. The current request is for acupuncture 2 times a week for 6 weeks for neck and low back. Per the MTUS guidelines cited above, invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, 2 or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating neck and upper back symptoms. Additionally, acupuncture has not been found effective in the management of low back pain, based on several high-quality studies. On the basis of the available medical records and per the guidelines cited above, acupuncture 2 times a week for 6 weeks for neck and low back is not medically necessary.

**H-Wave unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H wave stimulation Page(s): 117.

**Decision rationale:** This 37 year old male has complained of head, neck and lower back pain since date of injury 9/24/2014. He has been treated with physical therapy and medications. The current request is for an H wave unit. Per the MTUS guidelines cited above, an H wave unit is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain (Julka, 1998) (Kumar, 1997) (Kumar, 1998), or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The available medical records do not contain documentation of a one-month home based trial of H wave stimulation, nor is there adequate documentation of failure of conservative care. On the basis of the available medical records and per the MTUS guidelines cited above, H-wave unit is not medically necessary.