

<b>Case Number:</b>	CM14-0074230		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/07/2014
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 is a 42-year-old male who was reportedly injured on 3/7/2014. The mechanism of injury was noted as a fall. The most recent progress note dated 4/11/2014 indicated that there were ongoing complaints of left shoulder, low back, and left ankle pains. The physical examination demonstrated cervical spine tightness, spasm, and muscle guarding at the trapezius, sternocleidomastoid musculature. Diagnostic imaging studies included x-rays of the lumbar spine, which revealed 45%-50% compression fracture of the vertebral body L1 with spondylolisthesis and scoliosis. X-rays of the left shoulder were no fracture. An x-ray of the left ankle revealed calcification of the deltoid ligament and no fracture. Previous treatment included medication and conservative therapy. A request had been made for physical therapy 2-3 times a week for 4 weeks without involving the back, transcutaneous electrical nerve stimulation unit, whole body bone scan and home healthcare 3 hours daily 7 days a week time for 6 weeks and was not certified in the pre-authorization process on 4/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy: 2-3 x 4 (No PT to Back): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend physical therapy for acute injuries. Low-stress aerobic activities can be safely started after the first two weeks of symptoms to help avoid debilitation. Careful stretching exercises within the normal range of motion may be helpful to avoid further restriction of motion. Exercises to strengthen low back and abdominal muscles are commonly delayed for several weeks, but early stage lumbar stabilization exercises can be used without aggravation of symptoms. After reviewing the medical records provided, the request is for 8-12 sessions, and this request exceeds guideline recommendations. Therefore, this request is deemed not medically necessary.

**DME: TENS (Transcutaneous Electrical Nerve Stimulation) Unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

**Decision rationale:** A TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. Therefore, this request is deemed not medically necessary.

**Bone Scan: Whole Body:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Lumbar, Shoulder, Ankle and on the Non-MTUS American College of Radiology - ACR Appropriateness Criteria, Clinical Condition: Low Back Pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** A bone scan is not recommended for routine use in diagnosing low back pain. Bone scanning is a good diagnostic test for specific situations, including evaluations of suspected metastases, infected bone (osteomyelitis), inflammatory arthropathies, and trauma (fractures). Bone scanning is minimally invasive, has no adverse effects but is costly. The combination of a bone scan and HLA-B27 is occasionally required when attempting to differentiate low blood pressure (LBP) that is occupational from ankylosing spondylitis, particularly in a young male. Aside from specific indications which involve a minority of low back pain patients, the routine use of bone scanning is not recommended in any low back pain population. After reviewing the medical records provided, the request for a whole body bone scan is not deemed appropriate; however, the patient will likely benefit from bone scan of the

lumbar spine. The current request for whole body bone scan is therefore deemed not medically necessary.

**Home Health Care: 3 Hours per Day x 7 Days x 6 Weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), and on the Non-MTUS Aetna Clinical Policy Bulletin: Skilled Home Health Care Nursing Services, Number: 0201 and on the Non-MTUS Anthem Blue Cross Blue Shield Clinical UM Guideline, Subject: Custodial Care, Guideline # CG-MED-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** Home Health Services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. After reviewing the medical records provided, it was noted that the injured worker did have difficulty with activities of daily living. However, after reviewing the guidelines and services recommended for individuals who are homebound on a part-time or intermittent basis, there was no documentation that the individual was homebound; therefore this request is deemed not medically necessary. It was noted patient may benefit from custodial care.