

<b>Case Number:</b>	CM15-0122779		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	09/14/2004
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 51-year-old male, who sustained an industrial injury on 09/14/2004, secondary to unloading a delivery truck; he fell down an embankment, landing on his back. On provider visit dated 05/20/2015 the injured worker has reported mid back pain, low back pain, and leg pain. On examination of the lumbar spine revealed tenderness in the paraspinal area with a decreased range of motion. The diagnoses have included chronic pain the injured worker was noted to have undergone a spinal fusion and later had hardware removed. Treatment to date has included surgical intervention, medication, physical therapy, and medication and laboratory studies. The provider requested 6 chiropractic therapy sessions for the lumbar spine-once a week for six weeks, 40 home health care visits- 8 hours a day for five days a week for 8 weeks, dermatology consultation for shingles, hand surgeon consultation for right thumb and 2nd opinion orthopedist consultation for the lumbar and thoracic spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Chiropractic Therapy Sessions for the lumbar spine, once a week for six weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 58.

**Decision rationale:** Manual therapy and evaluation are recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Recommended treatment parameters are as follows: Time to produce effect 4-6 treatments, frequency of 1-2 times per week with maximum duration of 8 weeks. In this case, the patient has had prior treatment with chiropractic therapy. There has been no documentation of objective evidence of functional improvement. Continuing chiropractic therapy is not indicated. The request should not be medically necessary.

**40 home health care visits, 8 hours a day for five days a week for 8 weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 51.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that home health services are recommended only for recommended medical treatment in 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 personal care like bathing, dressing, or toileting and it does not include homemaker services like shopping, laundry, or cleaning. In this case, there is no medical indication that the patient needs medical treatment at home. The request should not be medically necessary.

**Dermatologist consultation for shingles: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date: Treatment of herpes zoster in the immunocompetent host.

**Decision rationale:** Shingles is a reactivation of endogenous latent herpes zoster infection. Treatment with antiviral therapy is recommended for patients >50 years of age with uncomplicated herpes zoster who present within 72 hours of clinical symptoms. Acyclovir,

famciclovir, and valacyclovir have all demonstrated clinical benefit and safety in the treatment of herpes zoster in immunocompetent patients. Dermatological consultation is not indicated for uncomplicated shingles. In this case, there is no documentation that the patient is suffering from shingles. The request should not be medically necessary.

**Hand Surgeon Consultation for the right thumb: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**Decision rationale:** Surgical referral is indicated for patients who have red flags of a serious nature, fail to respond to conservative management, including work-site modifications, and have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectations is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. In this case, there is no documentation of pain, injury, or functional deficit in the thumb. There is no medical indication for referral to a hand surgeon. The request should not be medically necessary.

**2nd opinion orthopedist consultation for the lumbar and thoracic spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

**Decision rationale:** Referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, "activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms." In this case, the patient has back and leg pain. There is no deficit on physical examination and no documented imaging studies of lesion that would benefit from surgical intervention. The request should not be medically necessary.