

<b>Case Number:</b>	CM13-0024223		
<b>Date Assigned:</b>	03/12/2014	<b>Date of Injury:</b>	11/11/2011
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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 a Licensed in Chiropractor, and is licensed to practice in Texas. 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 patient is a 32-year-old male who reported injury on 11/11/2011. The patient was noted to be status post micro lumbar decompression on the right at L5-S1 on 11/27/2012. Examination note of 08/21/2013 revealed the patient completed 24 visits of postoperative chiropractic treatment. The patient indicated that the surgery helped a lot for 2 months, and then the patient's symptoms returned. The patient had complaints of low back pain and bilateral lower extremity symptoms rated an 8/10 to 10/10. The objective examination revealed the patient had tenderness to palpation of the lumbar paraspinals with spasms. The patient's diagnoses were noted to include status post micro lumbar decompression surgery on the right at L5-S1 on 11/27/2012, multilevel disc herniations at L4-5 and L5-S1, annular fissure, and degenerative disc disease. The request was made for an artificial disc replacement at L5-S1 to be done as an outpatient procedure and postoperative chiropractic/physiotherapy 2 times a week for 6 weeks to be started at 6 weeks postoperative.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST OPERATIVE CHIROPRACTIC/PHYSIOTHERAPY, 2 TIMES A WEEK FOR 6 WEEKS O THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. The current request was for postoperative chiropractic care after the patient had surgery on the lumbar spine. However, there was lack of documentation indicating the requested surgical procedure was approved. The request for 12 sessions would be excessive. The request for postoperative chiropractic/physiotherapy, twice a week for 6 weeks to the lumbar spine is not medically necessary and appropriate.