

Case Number:	CM13-0026410		
Date Assigned:	11/22/2013	Date of Injury:	08/17/2012
Decision Date:	03/12/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified 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 physician 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 64-year-old male who reported an injury on 08/17/2012 after lifting a 400 to 500 pound cart which caused him to fall. The patient reportedly injured his right hip and low back. The patient was initially treated with chiropractic care, physical therapy and pain medications. After failure to respond to conservative treatments, the patient underwent decompression surgery from L4 to S1 in 05/2013. Postoperative care included physical therapy. The patient's most recent clinical documentation noted the patient had 7/10 pain of the lumbar spine with numbness and tingling down the left leg. Physical findings included range of motion described as 2 feet from the ground in forward flexion, 15 degrees in extension, 30 degrees in bilateral lateral bending, and 30 degrees in bilateral rotation. The patient's diagnoses included disc herniation of the lumbar spine. The patient's treatment plan included electrodiagnostic studies and 24 visits of chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 chiropractic sessions for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The clinical documentation submitted for review does indicate that the patient previously had chiropractic care prior to surgery. However, there is no documentation the patient has received any chiropractic care postsurgically. The California Medical Treatment Utilization Schedule recommends a 6 visits clinical trial to support the efficacy of this treatment modality. The requested 24 chiropractic sessions exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested 24 chiropractic sessions for the lumbar spine are not medically necessary or appropriate.