

Case Number:	CM13-0030720		
Date Assigned:	11/27/2013	Date of Injury:	04/10/2007
Decision Date:	02/13/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/30/2013

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 Orthopedic Surgery, 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.

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 42-year-old female who reported an injury on 04/10/2007. Prior treatments included physical therapy, chiropractic care, acupuncture, injections, and surgical intervention. It is noted that the patient is 7 months status post lumbar surgery. The patient's most recent clinical examination included limited range of motion of the cervical and lumbar spine with tenderness to palpation over the cervical spine with spasms in the bilateral trapezius region. It is noted that the patient had decreased sensation in the C5 dermatome. The patient's diagnoses included status post removal of hardware with exploration and fusion and revision fusion at L5-S1 and multilevel disc herniations of the cervical spine with stenosis. The patient's treatment plan included continuation of chiropractic treatment, and an epidural steroid injection of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative chiropractic treatments, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 209.

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

Decision rationale: The requested postoperative chiropractic treatment for 12 sessions is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has previously participated in chiropractic care. The frequency

and duration of this prior care was not provided for review. California Medical Treatment Utilization Schedule recommends a total of approximately 18 visits if improved function is documented. California Medical Treatment Utilization Schedule does not recommend elective or maintenance care as manual therapy. There is no way to determine the duration and frequency and efficacy of the prior care provided and based on the submitted documentation, the need for additional chiropractic care is not supported. As such, the requested postoperative chiropractic treatment for 12 sessions is not medically necessary or appropriate.