

Case Number:	CM13-0050404		
Date Assigned:	12/27/2013	Date of Injury:	04/26/2003
Decision Date:	04/28/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/10/2013

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 Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 60 year old female with date of injury 4/26/03. The treating physician report dated 9/9/13 indicates that the patient has pain affecting the lumbar spine with pain and paresthesia of the right lower extremity. The current diagnoses are: 1.Chonic lower back pain 2.Lumbar radiculopathy 3.S/P lumbar fusion L4/5 2003. The patient presents with chronic lumbar pain with radiculopathy. The MRI report dated 7/24/13 indicates degenerative disc disease with facet arthropathy with levoscoliosis and postoperative changes L4/5 with grade I anterolisthesis L3/4. Canal stenosis is mild at L3/4. Neural foraminal narrowing includes L2/3 caudal left; L3/4 moderate to severe bilateral; and L5/S1 mild to moderate right neural foraminal narrowing. The utilization review report dated 9/24/13 denied the request for post operative chiropractic and physiotherapy based on the rationale that the surgery requested of L5/S1 microdiscectomy and decompression was still in question and the need for post operative care was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP CHIRO/PHYSIOTHERAPY 2X A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The MTUS postsurgical guidelines state that physical medicine 16 visits over 8 weeks would be appropriate. However this patient has not had the requested surgery.

When looking at the MTUS Postsurgical Guidelines for chiropractic care it states:

"Manipulation: Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months." Physical therapy is supported for post-operative care but chiropractic treatments are not discussed in post-operative setting. While it would be appropriate to provide up to 16 sessions of physical therapy following lumbar decompression, chiropractic treatments are limited to 3-6 sessions of trial and up to 18 sessions with documented functional improvement. The request is not medically necessary and appropriate.