

Case Number:	CM13-0056846		
Date Assigned:	12/30/2013	Date of Injury:	01/14/2013
Decision Date:	04/14/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/23/2013

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 Orthopedic Surgery, 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 claimant is a 43-year-old who slipped and fell and injured the low back on January 14, 2013. The records provided for review indicated that conservative treatment was noted to have failed. The report of a lumbar MRI scan demonstrated L5-S1 degeneration with disc protrusion. Based on failed conservative measures, surgical intervention for a microdiscectomy and decompression at the L5-S1 level was recommended. There was a specific request for postoperative formal physical therapy and chiropractic therapy for twelve sessions following the certified procedure at the L5-S1 level. The remaining clinical records in this case were not supportive of the current request for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE PHYSIOTHERAPY, TWICE PER WEEK FOR SIX WEEKS:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The specific request for twelve sessions of physical therapy is recommended based on the Postsurgical Rehabilitative 2009 Guidelines. According to the Post-Surgical

Treatment Guidelines formal physical therapy following discectomy would include sixteen sessions over an eight week period of time. The specific request for twelve visits in this case would fall within the recommended guidelines. The request for post-operative physical therapy, twice per week for twelve weeks, is medically necessary and appropriate.

POST-OPERATIVE CHIROPRACTIC TREATMENTS, TWICE PER WEEK FOR SIX WEEKS: Upheld

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

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

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines, the request for chiropractic manipulation and therapy is not supported in the acute postoperative setting. While the Chronic Pain Guideline parameters would support the role of initial course of physical therapy, the role of chiropractic intervention is reserved for chronic pain caused by musculoskeletal conditions. The request for post-operative chiropractic treatments, twice per week for six weeks, is not medically necessary.