

<b>Case Number:</b>	CM14-0001934		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	04/29/2010
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 Licensed in Chiropractics 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 39 year old male who injured his lower back on 4/29/2010 while "loading a ladder onto his work vehicle." The patient is status post-laminotomy and discectomy at L4-5 (performed in June, 2013). Per the Primary Treating Physician, symptoms are states as "low back pain with bilateral leg radiating pain." Patient has been treated with medications, physical therapy, acupuncture, an epidural injection, surgery and chiropractic care. The diagnoses for the lumbar spine as assigned by the primary treating physician are "strain lumbar spine with a 4 mm disc bulge L4-5 and right leg radiculopathy status post discectomy with bilateral lower extremity pain and chronic lower back pain." An MRI study of the lumbar spine has revealed 4mm broad-based right paracentral disc protrusion at L4-5 with mild central stenosis and minimal right neural foraminal stenosis. A 2 mm disc bulge without stenosis was also detected at L5-S1. An EMG/NCV study has shown a right mild active L5 denervation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EIGHT (8) SESSIONS OF CHIROPRACTIC CARE FOR THE LUMBAR SPINE:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** This is a chronic post-surgical case. The MTUS Post-Surgical Treatment Guidelines for physical medicine recommend 16 of physical medicine treatment over 8 weeks. The patient has received some physical therapy post-surgery; however the number of visits is unknown per the records provided. Chiropractic care also falls under the physical medicine category. I find that the 8 chiropractic sessions requested to the lumbar spine to be medically necessary and appropriate.