

Case Number:	CM14-0006066		
Date Assigned:	02/07/2014	Date of Injury:	01/27/2011
Decision Date:	06/20/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/15/2014

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 Board Certified in Orthopaedic 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:

This 53-year-old female sustained an accepted low back injury on 1/27/11 while lifting an auto battery. She subsequently underwent an L5/S1 transforaminal lumbar interbody fusion on 8/22/13, for a diagnosis of spondylolisthesis at L5/S1 and bilateral lumbar radiculopathy. The 12/2/13 treating physician report indicated that the patient was slowly improving after surgery. Pain and lower extremity numbness had reduced, and she was able to increase her activity level. Objective finding documented normal gait, slight lumbar mid-spinal tenderness, intact lower extremity sensation, and slight left extensor hallucis longus and tibialis anterior weakness. The patient was to continue her home walking program and begin post-op chiropractic/physiotherapy, including therapeutic exercise and modalities, when she is 4 months post-op. Tapering off Percocet and gabapentin was initiated. The 1/14/14 utilization review denied the request for chiropractic treatment as the patient had recently discontinued bracing for a spinal fusion and manipulation was not judicious. The treatment with a registered physical therapist was most often utilized. The 1/20/14 appeal letter stated that post-operative therapy was within the scope of chiropractic practice and consisted of modalities and functional therapeutic exercises. Therapy had been provided for 13 visits with improvement in activities of daily living tolerance and de-conditioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT 2 TIMES A WEEK FOR 6 WEEKS INCLUDING THERAPEUTIC EXERCISES AND MODALITIES QTY: 12.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY Page(s): 58-9.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: Under consideration is a request for chiropractic treatment 2 times per week for 6 weeks, including therapeutic exercise and modalities. The California Post-Surgical Treatment Guidelines for surgical treatment of lumbar fusion suggest a general course of 34 post-operative physical medicine visits over 26 weeks, during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical period. The Post-Surgical guideline criteria have been met. The provider has clarified that the request for chiropractic treatment is for post-operative rehabilitation services, including therapeutic exercise and modalities. This is within the chiropractic scope of practice, and the Post-Surgical Treatment Guidelines would apply. Initial post-op physical medicine treatment is supported up to 17 visits. Therefore, this request for chiropractic treatment 2 times per week for 6 weeks, including therapeutic exercise and modalities, quantity 12, is medically necessary.