MAXIMUS Federal Services

Case Number:	CM14-0015624		
Date Assigned:	04/25/2014	Date of Injury:	01/22/2012
Decision Date:	06/23/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/07/2014

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 Chiropractic 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:

Follow-up Report dated 01/09/2014 states the patient is status post lumbar laminectomy with instrumentation and fusion at the L4-L5 and L5-S1. He reports his average pain is now 3/10 and his leg pain is occasional when sitting to standing. He is currently in physical therapy with his primary treating physician. On exam, the lumbar spine reveals the incision is well-healed. There is residual flattening of the lumbar lordosis with slight tenderness to palpation. Sensation is intact to light touch bilaterally. Deep tendon reflexes are 1-2+ in the lower extremities. Motor exam shows 5/5 strength in the lower extremities. The patient is recommended to continue postoperative physical therapy under the direction of [redacted], his primary care physician. The note dated 01/16/2014 reports the patient states that the low back pain has improved but continues to have bilateral lower extremity pain. The pain worsens with prolonged sitting, standing, and walking. He rates his low back pain as 4/10 and lower extremities pain he rates as 4/10. The patient cannot sit on hard surfaces. The pain does not wake him up at night, unless he turns in bed. He states that the lower extremity pain has been bothering him more on the right side than left. The range of motion of the lumbar spine is 70 of flexion; 10 of extension; 25 of left and right lateral flexion. He has positive tenderness to palpation in the lumbar spine paraspinal musculature. Sensory exam of the lower extremity reveals decreased sensation following right L5-S1, dermatomal distribution. The motor strength evaluation is 4+/5 in the left lower extremity and +5/5 on the right. He is demonstrating improvement. Diagnoses are lumbar region sprain; lumbosacral neuritis, unspecified; back disorder, unspecified; and thoracic disc displacement. The note dated 12/11/2013 indicates the patient states that he has had 12 post-op treatments. He definitely feels some improvement. He still continues to have pain when he sits or stands for prolonged periods of time. He states that he is able to walk for about one hour, and then the pain in the low back and his legs become too much and he has to take a break. Overall,

with 12 treatments, he is doing very well. Functionally, he has improved. On examination of the lumbar spine and lower extremities, there is +2 tenderness noted in the lumbar spine with myospasms. There is pain noted in both calf muscles to touch. Deep tendon reflexes on the right are 2/4 and on the left 1/4. This is improved from last month, which was 0/4 on the left. His sensation is equal bilaterally. Muscle strength testing on the left leg is 4/5, on the right is 5/5 and range of motion is 75 degrees to flexion and 10 degrees to extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) ADDITIONAL CHIROPRACTIC SESSIONS FOR THE LUMBAR SPINE, 3 TIMES A WEEK FOR 4 WEEKS: Upheld

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

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

Decision rationale: Per the Post-Surgical Guidelines, there must be a re-exam by the neurosurgeon to document functional improvement gained by past care and a basis for future/continued care. This patient had undergone lumbar laminectomy with instrumentation and fusion at the L4-L5 and L5-S1 and is approx. 17 months post-surgical. There is no re-exam within the records, by the neurosurgeon subsequent to the initial 12 post-operative Chiropractic visits documenting functional improvement or an opinion as to the potential benefits this patient may gain by continued Chiropractic treatments. Chiropractic treatment 12 visits, 3x week x 4 weeks is not recommended. Additional, per the Chronic Pain Medical Treatment Guidelines, Manual Therapy & Manipulation, page(s) 58-59, and regarding treatment request for low back, an initial treatment session of 6 visits over a period of 2 weeks is recommended with a total of 18 visits over a 6-8 week period provided there is clear documentation of a measurable improvement in functional capacity with a goal of transitioning the patient to a home exercise program. Per the guidelines, Effective/maintenance care- is not medically necessary. Flare-ups - Need to reevaluate treatment success. If RTW is achieved, then 1-2 visits every 4-6 months. This request fall outside the 6-8 week period addressed within the guidelines. Therefore request for 12 Chiropractic treatments, 3visx4 weeks, is not medically necessary.