

<b>Case Number:</b>	CM14-0123934		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	06/22/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Orthopedic Surgeon, has a subspecialty in and is licensed to practice in New York. 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 had an injury to the left knee on 6/22/12. She underwent a left total knee replacement surgery on May 12, 2014. The patient also reports chronic back pain. She reports she is fearful about undergoing back surgery and suffers from depression. Patient continues to have chronic back pain. She is diagnosed with lumbar back strain and is taking Motrin Flexeril and Vicodin. Physical and occupational therapy were recommended but it is unclear how much physical therapy the patient has had. Available are physical therapy progress notes from December 2001 and January 2002 yet it is unclear what the effects of physical therapy were. Physical examination reveals loss of lumbar motion as well as a MRI that shows multilevel lumbar disc bulges L3-4 L4-5 L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment x 8 Lumbar Spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS Low Back Chapter.

**Decision rationale:** This patient does not meet the criteria for chiropractic care due to lack of documentation of physical therapy and effects of physical therapy. It is unclear just how many conservative measures the patient has had for the treatment of her chronic low back pain. The patient has had chronic low back pain for many years. More details are needed to determine if chiropractic care is appropriate for her long-standing chronic low back pain. Therefore the request for Chiropractic Treatment x8 Lumbar Spine is not medically necessary and appropriate.

**L4-L-5 Discectomy/ Laminotomy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS Low Back Chapter.

**Decision rationale:** This patient does not meet the criteria for lumbar laminectomy surgery. The MRI does not show evidence of severe spinal stenosis. There is no physical exam documenting specific radiculopathy that correlates with the MRI imaging study showing specific compression of nerve roots. L4-L5 Discectomy/Laminectomy is not medically necessary.