

<b>Case Number:</b>	CM14-0175573		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	10/09/2013
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Spine Surgery and is licensed to practice in Texas. 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 injured worker is a 28 year-old male with a reported date of injury 10-09-2013. The mechanism of injury was repetitive lifting. His diagnoses included lumbar disc herniation at L4-5 and L5-S1 with neural foraminal narrowing and lumbar radiculopathy. His past treatments have included 24 sessions of chiropractic treatment and 7 sessions of acupuncture. He has not had any surgery. His diagnostic studies included a lumbar spine MRI which was performed on 01/17/2014 and an EMG/NCS bilateral of the lower extremities which was performed on 12/05/2013. On 08/13/2014 he presented with complaints of low back pain rated at 6-8/10 that radiated down his legs bilaterally to his knees and numbness bilaterally to his lower extremities that radiated from the back of his calves to his toes. Upon physical examination there was tenderness to palpation of the right paraspinal region of the lumbar spine. The lumbar spine range of motion was assessed and the injured worker had flexion to 15 degrees, extension to 15 degrees, right and left lateral bending to 15 degrees. Sensation was diminished to the right L3, L5 and S1 dermatomes and deep tendon reflexes were normal in the upper and lower extremities. His medication regimen included Norco, Naproxen and Norflex. The treatment plan included discussions of his options of physical therapy, chiropractic treatment, acupuncture, multiple pain management techniques, injections, surgery, continuing current medication, lumbar support brace and epidural steroid injection. The request is for Post-Operative Chiropractic therapy 2 times 6 visits for the lumbar spine and the rationale was not included. The Request for Authorization form was not submitted within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Operative Chiropractic therapy 2 times 6 visits for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

**Decision rationale:** The request for Post-Operative Chiropractic therapy 2 times 6 visits for the lumbar spine is not medically necessary. According to the California MTUS Guidelines, manual therapy and manipulation for the low back is recommended up to 18 visits. It was noted the injured worker had previously participated in 24 sessions of chiropractic treatment however, quantitative functional gains were not noted as there were no measurable objective findings in the report to demonstrate that significant objective functional improvement was made. The request for 12 additional sessions of chiropractic treatment would exceed the guideline recommendation of 18 sessions. As such, the request for Post-Operative Chiropractic therapy 2 times 6 visits for the lumbar spine is not medically necessary.