

<b>Case Number:</b>	CM14-0024483		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	06/17/2011
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Chiropractic has a subspecialty in Pediatric Chiropractic and is licensed to practice in California, Washington and New Mexico. 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 injured worker is a 38 year old female with an original date of injury of 6/17/11. The mechanism of injury occurred when the patient was "sustaining her patient with one arm and changing the bed sheets." The injured worker reportedly injured her right shoulder and lower back. The injured worker had lumbar micro decompression surgery on 10/15/13. On 11/20/13, the chiropractic physician noted that the claimant "has been cleared to start post-surgical physiotherapy treatments in the area of the lumbar spine." The injured worker has undergone approved chiropractic treatments prior to this. There is no documentation as to what benefit these treatments have been. Without documented objective, functional improvement, additional treatment is not supported. The disputed issue is a request for 12 chiropractic treatments for the low back, with sessions 3 times a week for 4 weeks. An earlier Medical Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS, ACOEM and ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 3X4 Low Back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) online version. Low Back Section. Post-Surgical Guidelines.

**Decision rationale:** In this case, the CA MTUS Guidelines and ACOEM do not apply, because of the post-surgical status. The Official Disability Guidelines recommends Post-surgical treatment of 16 visits over 8 weeks. There is no documentation regarding the chiropractic treatment that has been received following surgery to document the efficacy of treatment. Therefore, the request for 12 chiropractic treatments for the low back, with sessions 3 times a week for 4 weeks is not medically necessary.