

<b>Case Number:</b>	CM14-0031184		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	12/08/2009
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 Chiropractics 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:

The patient is a 49 year old female who injured her lower back on 12/8/2009. The patient is status post-surgery (anterior and posterior interbody lumbar fusion ALIF/PLIF). Per the Primary Treating Physician, symptoms are states as low back pain with left leg radiating pain. The patient has been treated with medications, physical therapy, home exercise program, surgery, epidural injections and chiropractic care (18 sessions). The diagnoses for the lumbar spine as assigned by the primary treating physician are piriformis syndrome, lumbosacral sprain/strain and status post-surgical ALIF/PLIF. MRI study results are not available in the records. There are no EMG/NCV studies available for review in the records provided. The PTP is requesting 12 chiropractic sessions to the lumbar spine post-surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC 2 TIMES A WEEK FOR 6 WEEKS - LUMBAR SPINE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation ODG Low Back, Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Definitions Page(s): 1, Postsurgical Treatment Guidelines.

**Decision rationale:** This is a chronic post-surgical case. The patient had fusion surgery, therefore the limit of chiropractic care visits increases to 34, per the California MTUS Post-Surgical treatment Guides for Physical Medicine. California MTUS Post-Surgical Treatment Guidelines for physical medicine recommends 34 visits over 16 weeks for lumbar fusion surgery. Chiropractic care falls under this category. The PTP has described Improvements with past treatment with objective functional measurements listed and present with prior care. The records provided by the primary treating chiropractor show objective functional improvements with prior chiropractic treatments rendered. The 12 chiropractic sessions requested to the lumbar spine are medically necessary and appropriate.