

Case Number:	CM14-0033538		
Date Assigned:	06/20/2014	Date of Injury:	01/14/2013
Decision Date:	07/18/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/17/2014

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, has a subspecialty in Pediatric 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:

The injured worker is a 43 year old female with an original date of injury of 1/14/13. The mechanism of injury occurred when the patient slipped and fell on an icy sidewalk. The patient's current diagnosis is lumbago. The patient required decompression surgery of L5-S1 on 12/18/13 after the failure of conservative therapies. At this time, the patient is on modified work status. The injured worker has undergone 8 chiropractic treatments without evidence of objective, functional improvement. There have been no physical therapy treatments for this patient. The disputed issue is a request for post-operative 12 chiropractic treatments for the lumbar spine, with sessions 2 times a week for 6 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Chiropractic Treatment 2 x 6 to Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Manual Therapy and Manipulations.

Decision rationale: Physical Therapy is the first course of action post-op, according to CA MTUS. There has been no physical therapy provided for this patient. The same Guidelines do recommend Chiropractic care as a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. There has been no documented objective, functional improvement in the patient's condition. The request for post-op Chiropractic Treatment 2x6 to the lumbar spine is not medically necessary.