

Case Number:	CM14-0063934		
Date Assigned:	07/11/2014	Date of Injury:	12/06/2005
Decision Date:	09/08/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/06/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 56-year-old male with a date of injury of 12/06/2005. The listed diagnoses per [REDACTED] are: 1. Multilevel disk herniations of lumbar spine with moderate to severe neuroforaminal narrowing. 2. Facet arthropathy of lumbar spine. 3. Multilevel disk herniations of thoracic spine. 4. Facet arthropathy of cervical spine. 5. Multilevel disk herniation of cervical spine with mild to moderate neuroforaminal narrowing. According to progress report 03/17/2014, the patient presents for a followup of neck and back pain, which she rates at 6-7/10 on the pain scale. He is 5 weeks status post MLD at L4- L5 bilaterally with ongoing back and leg complaints. He uses heat on his back, which helps alleviate his pain. Medication regimen includes Percocet and Flexeril. Examination revealed midline surgical site is clean, dry, intact with no sign of infection. There is decrease sensation at C5 through C8 dermatomes in the left. Treater is requesting postoperative "chiropractic physiotherapy at 2 times a week for 6 weeks." Utilization review denied the request on 04/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic Manipulation Sessions: 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, Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS under its chronic pain section has the following regarding manual therapy and treatments Page(s): 58-59.

Decision rationale: This patient is status post lumbar laminectomy of L4 and L5 on 02/11/2014. On 03/17/2014, the patient reported continued neck and low back pain and worsening of the right leg pain. The provider is requesting postoperative treatment including 12 sessions of chiropractic manipulation. MTUS recommends this as an optional trial of 6 visits over 2 weeks with evidence of functional improvement, total of 18 visits over 6 to 8 weeks. Review of the medical file indicates the patient participated in a course of chiropractic treatments prior to the surgery. Utilization review indicates the patient was also approved for 8 chiropractic treatments post-surgery. It is unclear if the patient has participated in these 8 sessions. In this case, the providers request for 12 chiropractic treatments exceeds what is recommended by MTUS. Furthermore, medical records indicate the patient participated in chiropractic treatments prior to the low back surgery. There is lack of documented functional improvement from prior chiropractic treatments to warrant additional treatment. Labor code 9792.20(e) defines functional improvement as significant improvement of ADLs or reduction of work restrictions and decreased dependence on medical treatment. Recommendation is for not medically necessary.