

<b>Case Number:</b>	CM14-0074290		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/06/2005
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Chiropractor, 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:

This is a 56-year-old male with a 12/6/05 date of injury, when he injured his back in the car accident. The patient underwent L4-L5 partial laminectomy with micro dissection on 2/11/14. The patient was seen on 4/14/14 with complaints of ongoing 6-7/10 neck and back pain, unchanged since the last visit. The patient also complained of difficulty sleeping due to pain and he had been using heat patch. Exam findings revealed tenderness to palpation of the lumbar spine, decreased sensation of the left C5-C8 and left L3-S1 dermatomes and clean, dry surgical site with no infections. The motor strength was 4+/5 in all muscle groups in the lower and upper extremities bilaterally. There was some patchy raised redness of the lower extremities noted. The progress note dated 5/9/14 indicated that the patient accomplished 7 sessions of chiropractic treatments and his lower back pain was 5-6/10. The patient stated that his pain was the same and that he improved functionally 10% and that he exercised and home. Physical exam findings revealed moderate hypertonicity and tenderness at the lumbosacral musculature and the patient was able to tolerate and complete strength exercises. The diagnosis is status post L4-L5 partial laminectomy with micro dissection, facet arthropathy of the lumbar and cervical spine, and multilevel disc herniations of the lumbar spine. MRI of the lumbar spine dated 03/29/14 revealed: L1-L2 diffuse disk herniation which causes stenosis of the spinal canal and bilateral neural foramen; L2-L3 broad-based disk herniation which causes stenosis of the spinal canal, bilateral recess and bilateral neural foramen; L3-L4 diffuse based disk herniation which causes stenosis of the spinal canal and bilateral lateral recess and bilateral neural foramen; L4-L5 broad-based posterior disk herniation which causes stenosis of the spinal canal and bilateral lateral recess with contact on the visualized bilateral L5 transiting nerve roots and bilateral L4 exiting nerve roots; L5-S1 L5 broad-based posterior disk herniation which causes stenosis of the spinal canal and bilateral lateral recess. Disk material and facet hypertrophy cause stenosis of the

bilateral neural foramen. Treatment to date: L4-L5 partial laminectomy with micro dissection on 2/11/14, steroid injections, work restrictions, acupuncture, exercises, heat patch, medications and 7 chiropractic treatments. An adverse determination was received on 05/19/14. The request for 12 sessions of post-operative chiropractic manipulation/physiotherapy was modified to 5 sessions, given that the patient was previously approved for 11 visits and the Guidelines recommended 16 visits following the discectomy/laminectomy. The request for Computed Tomography (CT) scan of the lumbar spine was denied given that the patient had performed an MRI recently.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **12 sessions of post-operative chiropractic manipulation/physiotherapy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Page(s): 57.

**Decision rationale:** CA MTUS states that manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The UR decision dated on 05/19/14 modified the request for 12 sessions of post-operative chiropractic manipulation/physiotherapy to 5 sessions, given that the patient was previously approved for 11 visits and the Guidelines recommended 16 visits following the discectomy/laminectomy. The progress note dated 5/9/14 indicated that the patient accomplished 7 sessions of chiropractic treatment. However, there is a lack of documentation with regards to the remaining 4 sessions. Therefore, the request for 12 sessions of post-operative chiropractic manipulation/physiotherapy are not medically necessary.

#### **1 Computed Tomography (CT) scan of the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 59 & 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Low Back Chapter-CT).

**Decision rationale:** ODG criteria for lumbar CT include lumbar spine trauma with neurological deficit; or traumatic or infectious myelopathy; or to evaluate a pars defect not identified on plain x-rays; or to evaluate successful fusion if plain x-rays do not confirm fusion. CA MTUS states that if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can

discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). The patient underwent L4-L5 partial laminectomy with micro dissection on 2/11/14 and had an MRI of the lumbar spine performed on 03/29/14. The MRI report was available for the review. The physical examination dated 5/9/14 did not reveal new trauma to the lumbar spine or infectious myelopathy. In addition, the plain films of the lumbar spine were not available for the review. Therefore, the request for Computed Tomography (CT) scan of the lumbar spine was not medically necessary.