

Case Number:	CM14-0087593		
Date Assigned:	07/23/2014	Date of Injury:	10/25/2011
Decision Date:	09/08/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/11/2014

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 Orthopedic Surgery, 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:

A 38-year-old claimant with reported industrial injury dated October 25, 2011. Exam note from January 16, 2014 demonstrates low back pain. The claimant reports radiation of pain, numbness and tingling down her left calf and down her left ankle. Objective findings demonstrate decreased range of motion and decreased sensation in the left L4, L5 and S1 dermatomes. MRI lumbar spine from January 26, 2013 demonstrates moderate to severe canal stenosis at L4-L5 and grade 1 anterolisthesis. The claimant is status post partial laminectomies at L4 and L5 on January 21, 2014. Exam note February 5, 2014 demonstrates low back pain. Exam findings demonstrate the surgery site is clean dry and intact without signs of infection. Recommendation is made for 12 visits of postoperative chiropractic treatment to begin 6 weeks postop.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Manual therapy and manipulation, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation Page(s): 58.

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, Manual therapy and manipulation, page 58, chiropractic are is recommended as an option with a trial of 6 visits over 2 weeks with evidence of objective functional improvement, with a total of up to 18 visits over 6-8 weeks. In this case the request exceeds the 6 visits and therefore the determination is for non-certification.