

Case Number:	CM13-0070579		
Date Assigned:	01/17/2014	Date of Injury:	04/08/2010
Decision Date:	05/12/2015	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/24/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractic

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 52 year old male, who sustained an industrial injury on 4/8/10. He reported low back pain. The injured worker was diagnosed as having spinal stenosis. Treatment to date has included laminectomy at L4-5 on 8/28/13 and a bilateral transforaminal lumbar epidural injection at L4-5. Currently, the injured worker complains of right leg pain, low back pain, and lower rib pain on the right side. The treating physician requested authorization for 8 chiropractic therapy visits for the lumbar spine 2 times per week for 4 weeks post-surgery. The treating physician noted chiropractic therapy was needed for stretching of the muscles of the lumbar spine to alleviate some of the pain that he is experiencing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy (8-visits for the lumbar spine two times a week for four weeks):

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): Low Back Section.

Decision rationale: This is a chronic post-surgical case. MTUS Post-Surgical Treatment Guidelines for physical medicine recommends 16 visits over 8 weeks for laminectomy. The post-surgical treatment period is 6 months post-surgery. The patient had surgery in August of 2013. The request for the 8 sessions of chiropractic care was made in December 2013. Chiropractic care falls under this category and is within this time period. The records provided by the primary treating physician do not show prior chiropractic treatments post-surgery. The records provided do not evidence any prior physical medicine treatments post-surgery. Rendered, I find that the 8 sessions of post-operative chiropractic physiotherapy to the lumbar spine to be medically necessary and appropriate.