

<b>Case Number:</b>	CM14-0143185		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/02/2012
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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. 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 56 year old male, who sustained an industrial injury on 2-02-2012. The injured worker is being treated for herniated nucleus pulposus L3-4, L4-5 and L5-S1, lumbar radiculopathy, degenerative disc disease lumbar spine and herniated nucleus pulposus T9-T10. Treatment to date has included surgical intervention (L4-5 decompression and discectomy 6-10-2014), medications, diagnostics and transforaminal epidural steroid injections. Per the Primary Treating Physician's Progress Report dated 6-25-2014 the injured worker was postoperative micro lumbar decompression on the right L4-5 on 6-10-2014. He stated that he feels improvement from the surgery. Current medications include Norco, Baclofen, MS Contin and Zofran. He reported pins and needles in the bilateral lower extremities. He rates his pain as 6 out of 10 in severity in the neck and 5 out of 10 in the bilateral lower extremities. Objective findings included a markedly antalgic gait secondary to leg complaints. There is tenderness to palpation of the thoracic and lumbar spine with spasms. There is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level attributed to prior or current treatments, including chiropractic care. The notes from the provider do not document efficacy of the prescribed medications. Work status was temporarily totally disabled for 4 weeks. The plan of care included medications and chiropractic care and authorization was requested 12 postoperative chiropractic care visits (2x6) for the lumbar spine. On 8-25-2014, Utilization Review non-certified the request for 12 postoperative chiropractic care visits (2x6).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative Chiropractic care, 2x week for 6 weeks for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, low back, Manipulation, therapeutic care.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, Manual therapy and manipulation, page 58, chiropractic 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. The request is not medically necessary.