

Case Number:	CM14-0194912		
Date Assigned:	12/02/2014	Date of Injury:	08/01/2013
Decision Date:	01/14/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/20/2014

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 licensed in Chiropractic, has a subspecialty in Chiropractic Sports Physician 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 injured worker is a 33 year old male who was injured on 08/10/13 by an unknown mechanism of injury. He injured his low back and was diagnosed with the following: Herniated disc right L4-5; L5-S1 lumbar radiculitis right; chronic pain syndrome; and right foot drop. This diagnosis was confirmed by an MRI. Prior treatment consisted of medications, physical therapy and chiropractic care of unknown amounts of care. The patient's responded to care using objective measurable gains are unknown. On 8/26/14, the patient had surgery consisting of partial laminectomies of L4 and L5 as well as a microdissection of the cauda equina and nerve roots. It is unclear how much post-operative treatment the patient has received and how he has responded to the care. On 8/26/14 the patient apparently had surgery consisting of partial laminectomies of L4 and L5 as well as a microdissection of the cauda equina and nerve roots. It is unclear how much post-operative treatment the patient has received and how he has responded to the care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 2x6 weeks-lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 600-607, Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58- 59.

Decision rationale: The previous amount of chiropractic manipulation pre and post-operative is not documented as well as the response to treatment using objective measurable gains in functional improvement. The post-surgical guidelines state that Intervertebral Disc disorders without myelopathy are recommended to receive 16 visits over 8 weeks with up to 6 months. More treatment can be recommended if there is myelopathy. The request for chiropractic treatment 2 x 6 for the lumbar spine is not according to the above guidelines. Therefore, this request is not medically necessary.