

<b>Case Number:</b>	CM15-0036274		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	07/15/2010
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Chiropractor, Oriental Medicine

### 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 40 year old female, who sustained an industrial injury on 07/15/2010. On provider visit dated 01/19/2015 the injured worker has reported lower back pain, she was 8 weeks post microlumbar decompression on the left at L4-L5 on 11/25/2015. The diagnoses have included HNP at L4-5, lumbar stenosis, lumbar radiculopathy and grade I spondylolisthesis at L3-L4 and L4-L5. Treatment to date has included acupuncture and medication. Per documentation the injured worker did not undergo any chiropractic care or physical therapy in the past. On examination she was noted to have a well healed scar with no signs of infection or other complication. On 02/12/2015 Utilization Review non-certified Chiropractic trial of 6 visits. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic trial of 6 visits over 2 weeks Lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines: 2009; 9294.2; manual therapy and manipulation Page(s): 58/59.

**Decision rationale:** At the time of the 1/19/15 reevaluation the patient was 8 weeks post op micro lumbar decompression performed at L-4/5 on 11/24/14. The patients past history of care did not reflect any prior Acupuncture or Chiropractic care. The medical provider requested initiation of Chiropractic rehabilitative care. The UR determination of 2/12/15 denied the request for 6 Chiropractic visits citing CAMTUS Chronic Treatment Guidelines. The request for post operative rehabilitative care was not outlined as to specific modalities of rehabilitative care and whether manipulation post-operative was included in the treatment plan. The UR determination to deny rehabilitative Chiropractic care was appropriate given the non-specific treatment and the failure to establish the medical necessity for its application. The denial of care was appropriate and supported by CAMTUS Chronic Treatment Guidelines.