

<b>Case Number:</b>	CM15-0047402		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	06/24/2010
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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:

This 41 year old female sustained an industrial injury cervical spine on 6/24/10. Previous treatment included physical therapy, Acupuncture, Chiropractic therapy, epidural steroid injections, medications and magnetic resonance imaging. The injured worker underwent C4-7 anterior cervical discectomy and fusion on 11/20/14. In a PR-2 dated 12/20/14, the injured worker reported not starting postoperative physical therapy due to not receiving clearance from the surgeon. In an orthopedic spine surgery evaluation dated 1/14/15, the physician recommended L4 through S1 decompression and fusion since the injured worker had failed conservative treatment as well as postoperative physical therapy for the cervical spine. In a PR-2 dated 2/4/15, the injured worker noted receiving initial physical therapy evaluation but had not started physical therapy. Physical exam was remarkable for cervical spine with diffuse tenderness to palpation, a well healed incision and limited range of motion. Current diagnoses included cervical discopathy, upper extremity radiculitis, lumbar spine discopathy and lower extremity radiculitis. The treatment plan included a course of chiropractic therapy with physiotherapy and myofascial release twice a week for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TREATMENT WITH PHYSIOTHERAPY AND MYFACIAL RELEASE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES (PHYSICAL THERAPY).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC; ODG Treatment: Integrated Treatment/Disability Duration Guidelines for the Neck and Upper Back (Acute & Chronic); TWC Index (updated 11/18/14).

**Decision rationale:** The reviewed medical records reflect the patient status post cervical ACDF C-4/7 on 11/20/14 with subsequent certified requests for post operative therapy totaling 20-36 visits. The UR determination of 2/18/15 denied the request for an additional 12 sessions of post operative Chiropractic therapy citing a more than adequate certified post operative course of PT, the number of completed visits unknown. The medical records reviewed including the UR determination of 2/18/15 did not support the medical necessity for an additional course of Chiropractic/PT given that prior certified Chiropractic/PT of 20-36 sessions had yet to be completed. Care as requested was not supported by referenced ODG Guidelines and exceeded the recommended post operative course of care. Therefore, the request is not medically necessary.