

Case Number:	CM15-0059244		
Date Assigned:	04/01/2015	Date of Injury:	09/11/2013
Decision Date:	05/14/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/23/2015

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: Illinois, California, Texas 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 44-year-old female who sustained an industrial injury on 9/11/13. The mechanism of injury was not documented. The 11/21/14 lumbar spine MRI demonstrated degenerative disc disease with retrolisthesis L4/5, moderate to severe canal stenosis, and moderate bilateral neuroforaminal narrowing. The 1/23/15 treating physician report cited current grade 5-6/10 low back pain radiating to her right buttock and posterior thigh with numbness and tingling into the right leg to the bottom of toe, and left foot numbness as well. Pain increased after standing for an hour and a half or sitting too long. She had completed 10-12 sessions of aquatic and land-based therapy that decreased her low back pain but increased her right lower extremity pain. She reported pain was reduced with medications, including Norco, Norflex, and Nabumetone. She had undergone conservative treatment including 6 visits of chiropractic treatment with no relief, 6 sessions of acupuncture with good relief, and one transforaminal epidural steroid injection with no relief. Physical exam documented normal gait, decreased range of motion, decreased right L5 dermatomal sensation, 4/5 right psoas weakness, and 4+/5 tibialis anterior, extensor hallucis longus, and inversion bilaterally. Straight leg raise was positive on the right, and Lasegue's was positive bilaterally. Patellar reflexes were hyper-reflexive bilaterally and Achilles reflexes were normal bilaterally. The treatment plan requested right L4/5 microlumbar decompression with associated pre-operative and post-operative services. The 2/9/15 utilization review certified a request for right L4/5 microlumbar decompression, pre-operative medical clearance with EKG, chest x-ray, and laboratory work, and follow-up visit. The request for post-operative chiropractic rehabilitation to the lumbar spine 2 times per week for 6 weeks was modified to 8 post-operative chiropractic visits consistent with Post-Surgical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative chiropractic rehabilitation 2 times a week for 6 weeks to the lumbar spine:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The California Post-Surgical Treatment Guidelines for surgical treatment of lumbar discectomy suggest a general course of 16 post-operative physical medicine visits over 8 weeks, during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 8 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical period. The 2/9/15 utilization review modified the request for post-operative chiropractic rehabilitation to the lumbar spine 2 times per week for 6 weeks was modified to 8 post-operative chiropractic visits. There is no compelling rationale to support the medical necessity of initial post-op rehabilitation care beyond guideline recommendations and care currently certified. Therefore, this request is not medically necessary.