

Case Number:	CM14-0216424		
Date Assigned:	01/06/2015	Date of Injury:	04/08/2010
Decision Date:	03/17/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/24/2014

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

Certification(s)/Specialty: Chiropractor

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 52 year old male who sustained a work related injury April 8, 2010. Past surgical history includes a right inguinal hernia repair June 2010, follow-up hernia surgery April 2012, and lumbar spine surgery November 2012 and a follow-up lumbar spine surgery August 2013. An initial primary treating physician's consultation report dated August 7, 2014, documented diagnoses as thoracic and lumbar radiculopathy, peripheral neuropathy and rule out recurrent right inguinal hernia. He recommends continued physical therapy to the upper and lower back, with hot packs, myofascial manipulation, ultrasound, EMS, ortho-bed, exercise and Diathermy two times a week for a period of eight weeks. Mentherm, Terocin, Norflex, Anaprox and Prilosec were prescribed. He also requested NCV/EMG studies. An operative report dated August 13, 2014, reveals the injured worker underwent transforaminal epidural steroid injection at L3-4 and nerve block at L3. An initial consultation evaluation report by chiropractor, dated August 25, 2014, revealed an initial diagnostic impression of s/p lumbar spine surgery with residuals, radicular syndrome, and s/p right inguinal hernia surgery with residuals. Treatment recommendations include chiropractic care with physiotherapy modalities 2 x 6, and work conditioning procedures. On September 26, 2014, the injured worker underwent removal of hardware right and left L4 and L5. At an orthopedic visit dated December 15, 2014, the treating orthopedic surgeon documents the injured worker continues to have discomfort and pain in the low back area. He is using a cane for ambulation. He suggests chiropractic care to alleviate some of the muscle spasms in the lumbar spine. He encouraged the injured worker to continue home exercises and requested chiropractic care 2 x 4. There is no physical examination

noted. Work status is documented as total temporary disability. According to utilization review performed December 22, 2014, the request for (8) Chiropractic Treatments for the lumbar spine 2 times a week for 4 weeks is non-certified. Citing MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG), the medical record does not provide a history of prior treatment or its outcome from the time of injury to present request. There is no objective information to indicate functional deficits that would support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) chiropractic treatments for the lumbar spine, 2 times a week for 4 weeks, as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The medical necessity for the requested 8 chiropractic treatments was established. The claimant underwent surgical hardware removal surgery on 9/26/2014. On 10/13/2014 [REDACTED], orthopedist, evaluated the claimant and was noted to be "status post removal of hardware. He is on temporary disability. The sutures were removed today. He will try therapy here shortly." On 12/15/2014 [REDACTED] reevaluated the claimant and noted that "he continues to have discomfort and pain in the low back area. He has some pain in the muscles of the back. He is using cane for ambulation. It would be a good idea for him to get some chiropractic care to see if we can alleviate some of the muscle spasms in the lumbar spine." This is the 1st request for postoperative treatment for this claimant post hardware removal. MTUS postoperative therapy guidelines give the following recommendations: "Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8): Medical treatment: 10 visits over 8 weeks; Post-injection treatment: 1-2 visits over 1 week; Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks; Post-surgical treatment (arthroplasty): 26 visits over 16 weeks; Post-surgical treatment (fusion, after graft maturity): 34 visits over 16 weeks." The requested 8 treatments are consistent with this guideline. The previous denial was noted that "the information is quite limited. [REDACTED] provides a RFA form and a brief transcription note dated 12/15/2014. There is very little information on this note. There is no indication of the mechanism of injury. There is no history of prior treatment or the outcome of prior treatment from 4/8/2010 to present." The previous denial was based largely on an absence of documentation indicating the past treatment history. Submitted for this review were the previous treatment records which support the requested 8 treatments.