

Case Number:	CM15-0068976		
Date Assigned:	04/16/2015	Date of Injury:	07/11/2011
Decision Date:	05/18/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/11/2015

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: Chiropractic

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 43-year-old male, with a reported date of injury of 07/11/2011. The diagnoses include lumbar post-laminectomy syndrome, and lumbar radiculopathy. The patient is status post-surgery of lumbar spine 10/2014. Treatments to date have included spinal cord stimulator trial, oral medications, and epidural steroid injections. The progress report dated 03/11/2015 indicates that the injured worker complained of low back pain. It was noted that the injured worker was having problems taking care of himself. The objective findings include diminished light touch sensation of the right mid-anterior thigh, right mid-lateral calf, and right lateral ankle. The treating physician requested eight chiropractic treatment sessions for the low back. The rationale for the request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x 8 for low back: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58, Postsurgical Treatment Guidelines Page(s): Low Back

Section. Decision based on Non-MTUS Citation ODG Low Back Chapter, Manipulation Section.

Decision rationale: This is a chronic post-surgical case. MTUS Post-Surgical Treatment Guidelines for physical medicine recommend 16 of physical medicine treatment over 8 weeks for lumbar laminectomy. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Low Back Chapters recommend a trial of 6 sessions of chiropractic care over 2 weeks. Chiropractic care falls under this category. The records provided by the primary treating physician do not indicate prior chiropractic treatments rendered. The chiropractic care records are not present in the records provided. There has been no post-surgical physical medicine treatments provided to the patient per the records reviewed. I find that the 8 chiropractic sessions requested to the lumbar spine to be medically necessary and appropriate.