

<b>Case Number:</b>	CM15-0069326		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	10/09/2013
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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 29 year old male, who sustained an industrial injury on October 9, 2013. He reported back and leg complaints. The injured worker was diagnosed as having lumbar disc herniation at lumbar 4-5 and lumbar 5-sacral 1 and lumbar radiculopathy. Diagnostics to date has included an MRI of the lumbar spine, electromyography of the bilateral lower extremities, and urine drug screening. Treatment to date has included chiropractic therapy, acupuncture, a back brace/corset, work modifications, and medications including topical pain, oral pain, non-steroidal anti-inflammatory, and a muscle relaxant. On February 23, 2015, the injured worker complains of increased low back pain since the prior visit. He reports his pain worsens with cold weather and he needs to wear his back brace/corset daily. He is using a corset. He notes increased pain since his pain medication dosage was decreased. His low back pain is rated 9/10, greater on the right side. His stabbing and aching low back pain radiates down the bilateral lower extremities, greater on the right than the left. There is numbness, tingling, and weakness of the bilateral lower extremities. He has difficulty ambulating due to pain in the heels and soles of the feet. He is awaiting authorization for a microlumbar decompression at lumbar 5-sacral 1. The physical exam revealed a normal gait, normal heel and toe walking, limited lumbar range of motion in all planes, tenderness of the right lumbar paraspinal region and right sciatic notch, and decreased sensation to the right lumbar 3, lumbar 5, and sacral 1 dermatomes. There was mildly decreased muscle strength of the right TA, extensor hallucis longus (EHL), and inversion. The lower extremity reflexes were normal. The right straight leg raise was a positive for back pain and numbness of the calf, ankle, and toes. The bilateral Slump test was negative. The treatment plan

includes requests for a microlumbar decompression at lumbar 5-sacral 1 and 12 sessions of post- op chiropractic for the lumbar spine. The surgery has not yet been performed per the records provided.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Post-op chiropractic 2xwk x 6wks lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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:** The request in this case is for 12 sessions of post-surgical chiropractic care. The most recent document from the PTP is dated February 2015 in which surgery and 12 sessions of post-op chiropractic are being requested concurrently. It is not know if the surgery has since been authorized or performed. Post-Surgical Treatment Guidelines recommend 16 sessions of post-surgical chiropractic care over 8 weeks. The chiropractic care would be warranted if the surgery was performed. It has not been yet performed nor authorized per the records submitted. Furthermore, the records indicate that the patient has already completed 24 sessions of chiropractic care. The past chiropractic treatment notes are not present in the records provided. The chiropractic treatment records in the materials submitted for review do not show objective functional improvement with the past chiropractic care rendered. The MTUS Chronic Pain Medical Treatment Guidelines and the ODG Low Back Chapter recommends additional chiropractic care with evidence of objective functional improvement, 1-2 sessions every 4-6 months. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The ODG Low Back Chapter and The Chronic Pain Medical Treatment Guides recommend additional chiropractic care for flare-ups "with evidence of objective functional improvement." No objective functional gains have been evidenced with the past rendered chiropractic care and surgery has not yet been performed per the records provided. I find that the 12 post-op chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.