

Case Number:	CM15-0073905		
Date Assigned:	04/23/2015	Date of Injury:	10/08/2012
Decision Date:	05/27/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/17/2015

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 48 year old male, who sustained an industrial injury on 10/8/2012. He reported low back pain. The injured worker was diagnosed as having lumbar spine disc extrusion with severe left sided stenosis, and lumbar spine radiculopathy. Treatment to date has included medications, lumbar surgery, acupuncture, lumbar epidural steroid injection, and post-operative chiropractic therapy. The request is for 12 post-operative chiropractic therapy visits for the lumbar spine. The records indicate he is seen on 1/8/2015 for 8 week follow up after lumbar surgery. He is reported to be continuing to improve. He has attended 10 sessions of chiropractic therapy with minimal relief of pain. He has attended 8 acupuncture therapy sessions with a temporary reduction in pain. His pain was rated as 6/10 prior to surgery, then 10/10 just after surgery, and is now 4/10 on a pain scale. The treatment plan included: physical therapy, chiropractic, acupuncture, pain management, injections, and surgery. The PTP is requesting 12 additional sessions of chiropractic care to the lumbar spine post-surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 post-operative chiropractic therapy visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient has completed 10 sessions of post-surgical chiropractic care to date. The patient has also completed 8 sessions of acupuncture post-surgery. The patient underwent a discectomy in November of 2014. The MTUS Post-Surgical Treatment Guidelines recommends 16 sessions of physical medicine treatments over 8 weeks. Acupuncture and chiropractic care both fall into this category. Since the patient has completed 18 visits post-surgery he has exceeded The MTUS recommended treatment number. I find that the 12 additional post-surgical chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.