

<b>Case Number:</b>	CM15-0077142		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	06/24/2010
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Chiropractor, Oriental Medicine

### 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 41 year old female, who sustained an industrial injury on 6/24/10. The injured worker has complaints of lumbar spine pain. The diagnoses have included cervical discopathy; upper extremity radiculitis; lumbar spine discopathy and lower extremity radiculitis. Treatment to date has anterior cervical discectomy and fusion (ACDF); magnetic resonance imaging (MRI) and medications and post operative physical therapy. The request was for 8 chiropractic treatments with physiotherapy and myofascial release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 chiropractic treatments with physiotherapy and myofacial release:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59, Postsurgical Treatment Guidelines Page(s): s 10-12; 26.

**Decision rationale:** The 4/2/15 UR determination denied the request for post operative Chiropractic care, 8 sessions. The patient was status post ACDF on 11/20/14 and received post

operative physical therapy consistent with CAMTUS Post Operative Treatment Guidelines. The request for additional post operative therapy with a Chiropractor was not supported by evidence of medical necessity for additional care or the foundation to exceed the CAMTUS Post Operative Physical Therapy Guidelines that support 24 sessions of PT for post cervical fusion management. Therefore the request is not medically necessary.