
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/19/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/2/2013
Date of Injury: 3/12/2013
IMR Application Received: 8/14/2013
MAXIMUS Case Number: CM13-0012473

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: PARTIAL OVERTURN. This means we decided that some (but not all) of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]
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HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in orthopedic surgery, has a subspecialty in spinal surgery and is licensed to practice in New Hampshire, New York, and Washington. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 44-year-old who had an injured back at work in March 2013. The patient was climbing stairs and fell backwards and injured the back. The patient has had medications, physical therapy and is not better. The patient continues to have chronic back pain despite conservative measures. The patient's MRI of the lumbar spine shows grade one isthmic spondylolisthesis (slippage) at L5-S1 with bilateral pars defects. The MRI also shows a disk bulge at L4-5 without instability, fracture, or tumor. At issue is whether or not fusion surgery at L5-S1 is medically necessary.

IMR DECISION(S) AND RATIONALE(S)

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

1. L4-L5 interbody fusion is not medically necessary and appropriate.

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), page 307, which is part of the MTUS, as well as the Official Disability Guidelines, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), page 307, which is part of the MTUS.

The Physician Reviewer's decision rationale: According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. This employee does not have any documented lumbar instability, fracture, tumor in the lumbar spine at level L4-5.

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Fusion surgery at L4-5 is not more likely than conservative nonoperative measures to relieve this patient's back pain. The literature does not support the role of surgical fusion over conservative measures for the treatment of discogenic back pain which is present at L4-5. **The request for L4-L5 interbody fusion is not medically necessary and appropriate.**

2. Bone growth stimulator is not medically necessary and appropriate.

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

3. Post-operative physical therapy is not medically necessary and appropriate.

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

4. ProStim unit and supplies is not medically necessary and appropriate.

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

5. Motorized hot/cold therapy unit is not medically necessary and appropriate.

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

6. Naproxen 550mg #60 3 refills is medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 63, 68 and 74, which is part of the MTUS.

The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Naproxen is a non-steroidal anti-inflammatory drug (NSAID) with MTUS support for some chronic pain patients. Ongoing usage should require documentation of continued compliance and efficacy. **The request for Naproxen 550mg #60 3 refills is medically necessary and appropriate.**

7. Omeprazole 20mg #60 3 refills is medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 24, 68, and 111, which is part of the MTUS.

The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, this is a proton pump inhibitor given to patients with complaints of heartburn, gastritis or gastroesophageal reflux disease (GERD). Ongoing usage should require documentation of continued compliance and efficacy. **The request for Naproxen 550mg #60 3 refills is medically necessary and appropriate.**

8. Cyclobenzaprine 7.5mg #60 3 refills is medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 63, 68, and 74, which is part of the MTUS.

The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, opioids are considered the most powerful class of analgesics that may be used to manage chronic pain. Ongoing usage should require documentation of continued compliance and efficacy. **The request for Naproxen 550mg #60 3 refills is medically necessary and appropriate.**

9. Norco 10/325 #90 3 refills is medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 63, 68, and 74, which is part of the MTUS.

The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, opioids are considered the most powerful class of analgesics that may be used to manage chronic pain. Ongoing usage should require documentation of continued compliance and efficacy. **The request for Naproxen 550mg #60 3 refills is medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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