
Notice of Independent Medical Review Determination

Dated: 8/20/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/1/2013

10/12/2007

7/12/2013

CM13-0001339

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 right lumbar decompression at the L5-S1 level **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/12/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/16/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 right lumbar decompression at the L5-S1 level **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurological Surgery, and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 1, 2013.

“The patient is a 36 year old male with a date of injury of 10-12-2007. Under consideration is a request for right lumbar decompression at the LS-S 1 level. The records submitted for this review indicate that this patient suffers from chronic low back pain with radiation into the right lower extremity and is status post microdiscectomy at L5-S 1 performed on 11-1-2011. Recent evaluation by Dr. [REDACTED] on 6-12-2013 revealed tenderness over the lower lumbar area, restricted lumbar range of motion, positive left sided straight leg raise, absent ankle jerk on the right and hypesthesia over the SI distribution. Lumbar MRI performed on 4-20-2013 shows a 5-6 mm right paracentral disc extrusion encroaching on the right lateral recess and compromising the traversing right nerve root. Previous treatment includes epidural injection, physical therapy, home exercise, activity modification, medication management and surgery. This is a request for lumbar decompression.”

Documents Reviewed for Determination:

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

- Application for Independent Medical Review dated 7/12/2013
- Utilization Review Determination provided by [REDACTED] dated 7/01/2013
- Medical Records from 7/20/2012 through 6/12/2013
- American College of Occupational and Environmental (ACOEM) guidelines, 2004, 2nd Edition, Low Back Complaints, Surgical Considerations, pages 305-306

1) Regarding the request for 1 right lumbar decompression at the L5-S1 level:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental (ACOEM) guidelines, 2004, 2nd Edition, Low Back Complaints, Surgical Considerations, pages 305-306, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS guidelines used by the Claims Administrator was applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the low back on 10/12/2007. Treatment to date has included epidural injection, chiropractic treatment, physical therapy, home exercise, activity modification, medication management and status post microdiscectomy at L5-S1 on 11/01/2011. A lumbar MRI report dated 4/20/2013 revealed a 5-6 mm right paracentral disc extrusion encroaching on the right lateral recess and compromising the traversing right nerve root. The most recent submitted report, dated 6/20/2013, revealed tenderness over the lumbar area, restricted lumbar range of motion, positive left sided straight leg raise, absent ankle jerk on the right and hypesthesia over the S1 distribution. A request was submitted for 1 right lumbar decompression at the L5-S1 level.

The ACOEM Guidelines indicate surgery may be appropriate when symptoms are consistent with radiculopathy. Such symptoms include objective signs of neural compromise, as evidenced by positive clinical, imaging, and electrodiagnostic findings, as well as failure of conservative treatment. The submitted and reviewed records indicate that the employee has met all of these criteria. The request for 1 right lumbar decompression at the L5-S1 level is medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/bh

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.