

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 10/4/2013

[REDACTED]

[REDACTED]

[REDACTED]

| | |
|---------------------------|--------------|
| Employee: | [REDACTED] |
| Claim Number: | [REDACTED] |
| Date of UR Decision: | 6/27/2013 |
| Date of Injury: | 9/28/2011 |
| IMR Application Received: | 7/18/2013 |
| MAXIMUS Case Number: | CM13-0001910 |

- 1) MAXIMUS Federal Services, Inc. has determined the requested L4-5 Lumbar Decompression and Fusion **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 6/27/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/22/2013. 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 requested L4-5 Lumbar Decompression and Fusion **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Expert reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic 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 June 27, 2013:

“

According to the medical records, Mr. [REDACTED] is a 41 year old male who sustained an industrial injury on September 28, 2011. The patient is status post L4-L5 and L5-S1 decompression performed on September 28, 2012. He has completed 24 postoperative physical therapy sessions.

The patient was evaluated by his treating provider on February 27, 2013, at which time he complained of LBP rated 7/10 with bilateral leg pain. Examination demonstrated tenderness, 5/5 motor strength and normal sensation. The patient is TTD.

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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 (received 07/18/2013)
- Utilization Review by [REDACTED] (dated 06/27/2012)
- Employee Medical Records from [REDACTED] (dated 7/18/2013)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for L4-5 Lumbar Decompression and Fusion

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

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pg. 305, 310 which is part of the Medical Treatment Utilization Schedule (MTUS), and also The Official Disability

Guidelines (ODG) Low Back Chapter, Fusion (spinal), a medical treatment guideline which is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pg. 305-306 which is part of the MTUS and relevant and appropriate for the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on September 28, 2011 to the low back. Medical records provided for review indicate treatments have included L4-L5 and L5-S1 decompression in 2011, postoperative physical therapy sessions, manipulation, epidural steroid injections, diagnostic testing, and pain medications. The request is for L4-5 Lumbar Decompression and Fusion

MTUS/ACOEM guidelines state that instability should be documented and a psychosocial evaluation should be performed prior to undergoing this level of surgical intervention. According to the medical records provided for review, although the employee has complaints of decreased sensation, decreased strength and decreased reflexes, the rationale for performing a fusion versus a decompression and laminectomy at this point in time has not been documented by the treating provider. Also, instability in the lumbar spine has not been documented, and there is no documentation of a psychosocial evaluation. The request for L4-5 Lumbar Decompression and Fusion **is not 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

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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.