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**Notice of Independent Medical Review Determination**

Dated: 10/2/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/8/2013  
Date of Injury: 10/27/2003  
IMR Application Received: 7/19/2013  
MAXIMUS Case Number: CM13-0002205

- 1) MAXIMUS Federal Services, Inc. has determined the request for L5-S1 decompression and fusion **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/19/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. 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 L5-S1 decompression and fusion **is not 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 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 utilization review determination did not contain a clinical summary.

### **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 07/19/2013)
- Utilization Review Determination from [REDACTED] (dated 07/08/2013)
- Employee Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for L5-S1 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 Official Disability Guidelines (ODG) – Lumbar Spine Chapter, which is a medical treatment guideline that is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the American College Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Low Back Chapter, which is part of MTUS, and additionally referenced ODG (Low Back Chapter) and the American Medical Association Guides (Instability), both medical treatment guidelines which are not part of MTUS.

Rationale for the Decision:

The employee was injured on 10/27/03 and has experienced back pain with radiation to the legs. The medical records provided for review indicate that the employee's prominent pain is in the back with a physical examination within normal limits, including normal reflexes, and normal range of motion of the lumbar spine. The only documented abnormality was diminished sensation over S1 levels bilaterally. The request was submitted for L5-S1 decompression and fusion.

The MTUS provides specific guidelines for lumbar arthrodesis and the clinical scenarios where this can be appropriate. The medical records provided for review do not document evidence of instability such as translation of more than 4.5 mm or angular instability as defined by the AMA guides 5<sup>th</sup> edition. Furthermore, the physical examination documented by the requesting physician does not document significant neurological deficits to warrant the requested procedure. The request for L5-S1 decompression and fusion **is not medically necessary or 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  
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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.