
Notice of Independent Medical Review Determination

Dated: 10/16/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	6/27/2013
Date of Injury:	11/19/2005
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003714

- 1) MAXIMUS Federal Services, Inc. has determined the request for back surgery **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a bone stimulator **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 6/27/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/7/2013. 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 back surgery **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a bone stimulator **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The 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:

On 09/18/2012, this employee was seen in clinic. At that time, the employee had complaints of ongoing discomfort to the lumbar spine. Previous MRI had been performed on 04/21/2012 which was reviewed and revealed multilevel degenerative pathology and disc protrusion from L1 to S1 with a grade I anterior spondylolisthesis at L5-S1 and a grade I retrolisthesis at L4-5. There was also degenerative disc disease at multiple levels along with radial tears at L1-2, L2-3, and L3-4. Normal gait, normal arm strength, and had good strength throughout the lower extremities was indicated. The employee was neurologically intact at that time. On 07/22/2013, the employee was seen in clinic. At that time, the employee complained of low back pain. An exam indicated normal strength in the muscle groups tested from L2 to S1 bilaterally. There was no clonus and negative straight leg raise bilaterally were indicated. Reflexes were rated at 2+ at the bilateral knees and 2+ at the bilateral ankles, and sensory exam was intact bilaterally from L2 to S1. Overall impression was grade I spondylolisthesis at L5-S1, bilateral L5 spondylolysis, and disc space narrowing at L4-5 and L5-S1 with motion on lateral flexion and extension studies. Surgical intervention was recommended at L4-5 and L5-S1 with decompression and instrumented fusion. On 08/28/2013, the employee returned to clinic for further evaluation. It was again noted that an MRI revealed severe foraminal stenosis at L4-5 and L5-S1. It was noted that surgical decompression and stabilization at both L4-5 and L5-S1 would be required. A retroperitoneal exposure to L4-5 and L5-S1 was recommended, approaching the disc anteriorly. The employee wished to proceed with surgery at that time.

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
- Utilization Review Determination from the Claims Administrator
- Employee medical records from the Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request back surgery :

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 Medicine (ACOEM) guidelines, (no chapter or section cited), page 305-307, part of the MTUS, the Official Disability Guidelines (ODG), Low Back Chapter, (no section cited), a medical treatment guideline, not part of the MTUS. The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) low back chapter, pages 305, 30, which is part of the MTUS.

Rationale for the Decision:

The MTUS/ACOEM Guidelines indicate that prior to surgical interventions such as this, a psychosocial evaluation should be performed to address confounding issues. A psychosocial evaluation was not provided for this review. Additionally, MTUS/ACOEM indicates that there should be clear, clinical imaging and electrophysiological evidence of a lesion that has been shown to benefit in both the short and long-term from surgical care and “failure of conservative treatment to resolve disabling radicular symptoms.” The records submitted for this review do not include physical therapy notes or interventional injection notes and do not include imaging study reports. The request is for back surgery but the request does not identify a specific level. The request for back surgery **is not medically necessary and appropriate.**

2) Regarding the request for a bone stimulator:

Since the back surgery is not medically necessary, none of the associated services are 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
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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.