

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/15/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	6/27/2013
Date of Injury:	1/10/2013
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004460

- 1) MAXIMUS Federal Services, Inc. has determined the request for **laminotomy at right L5-S1 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **inpatient stay for four (4) days is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **medical clearance is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **assistant surgeon is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 6/27/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. 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 **laminotomy at right L5-S1 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **inpatient stay for four (4) days is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **medical clearance is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **assistant surgeon 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.

Expert Reviewer Case Summary:

The patient is a 36-year-old male who reported a work-related injury as a result of a fall on 01/10/2013. The patient sought treatment initially and was discharged from care on 01/30/2013. A clinical note dated 04/23/2013 reported the patient continued to work regular work duties as a deputy and had completed a course of physical therapy interventions. The patient reports constant lumbar spine pain with radiation to the right lower extremity. MRI of the lumbar spine dated 02/19/2013, no signature, reports: (1) a prominent right-sided disc protrusion at L5-S1 with impression upon the right S1 root; and (2) a mild degenerative disc disease and disc bulge in the L4-5. A detailed re-evaluation dated 06/13/2013 reports the patient was seen under the care of Dr. [REDACTED]. The provider documents the patient reports continued severe pain to the low back that radiates down the right lower extremity. The patient reports pain is a 10/10. The provider documents a positive straight leg raise with limited range of motion evidenced. The provider documented the patient has completed a course of physical therapy as well as an epidural steroid injection with persistent symptoms. The provider recommended a laminotomy at the right L5-S1 to decompress the nerves.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for laminotomy at right L5-S1:

Section of the Medical Treatment Utilization Schedule 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), 2nd Edition, (2004), Chapter 12, pgs. 305-306, which are a part of the (MTUS).

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Surgical Considerations, pg. 306, which is a part of the MTUS.

Rationale for the Decision:

ACOEM guidelines indicate, "Direct methods of nerve root decompression include laminotomy, standard discectomy, and laminectomy." The employee does present with imaging study evidence of a herniation to the right of the L5-S1 causing lateral recess stenosis and displacement of the nerve at that level. However, review of the clinical notes evidenced the employee continued to perform regular work duties, and the employee presented with no motor neurological or sensory deficits indicative of the surgical interventions. The employee utilized a medication regimen, physical therapy interventions, as well as injection therapy without complete resolve of symptomatology. However, due to a lack of significant objective findings of symptomatology, the current request is not supported. **The request for laminotomy at right L5-S1 is not medically necessary or appropriate.**

2) Regarding the request for inpatient stay for four (4) days:

Since the primary procedure laminotomy at right L5-S1 is not medically necessary and appropriate, none of the associated services are medically necessary and appropriate.

3) Regarding the request for medical clearance:

Since the primary procedure laminotomy at right L5-S1 is not medically necessary and appropriate, none of the associated services are medically necessary and appropriate.

4) Regarding the request for assistant surgeon:

Since the primary procedure laminotomy at right L5-S1 is not medically necessary and appropriate, 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,

Paul Manchester, MD, MPH,
Medical Director

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

/reg

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.