

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: 10/30/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/5/2013
Date of Injury: 12/5/1996
IMR Application Received: 7/30/2013
MAXIMUS Case Number: CM13-0004692

- 1) MAXIMUS Federal Services, Inc. has determined the request for L2-3 laminectomy, discectomy, possible fusion **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for three (3) day stay at [REDACTED] **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for pre-op CT scan lumbar with out contrast **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Tramadol 50mg #90 with six (6) refills **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 7/5/2013. 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 L2-3 laminectomy, discectomy, possible fusion **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for three (3) day stay at [REDACTED] **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for pre-op CT scan lumbar with out contrast **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Tramadol 50mg #90 with six (6) refills **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 Orthopaedic 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:

NO Clinical Summary was provided with the Utilization Determination Review dated 7/3/2013.

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:

[REDACTED]

1) Regarding the request for L2-3 laminectomy, discectomy, possible fusion:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination. The Expert Reviewer relied on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Chapter 12, Low Back Complaints, pgs. 306-307, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee reported a work-related injury on 10/26/2004 as the result of a fall. The employee is experiencing low back pain. The request is for L2-3 laminectomy, discectomy, possible fusion.

ACOEM guidelines indicate, before referral for surgery clinicians should consider referral for psychological screening to improve surgical outcomes. Surgical discectomy for carefully selected patients with nerve root compression due to lumbar disc collapse provides faster relief from the acute attack than conservative management, but any positive or negative effects on the lifetime natural history of the underlying disc disease are still unclear. Medical records submitted and reviewed indicate the imaging of the employee's lumbar spine did not indicate specific nerve root involvement to support the requested surgical intervention. The guideline criteria have not been met. **The request for L2-3 laminectomy, discectomy, possible fusion is not medically necessary and appropriate.**

2) Regarding the request for three (3) day stay at [REDACTED]

Since the L2-3 laminectomy, discectomy, possible fusion is not medically necessary, none of the associated services are medically necessary and appropriate.

3) Regarding the request for pre-op CT scan lumbar with out contrast:

Since the L2-3 laminectomy, discectomy, possible fusion is not medically necessary, none of the associated services are medically necessary and appropriate.

4) Regarding the request for Tramadol 50mg #90 with six (6) refills:

Since the L2-3 laminectomy, discectomy, possible fusion 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
1515 Clay Street, 18th Floor
Oakland, CA 94612

/ldh

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.