

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

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Dated: 11/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	7/24/2012
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0005156

- 1) MAXIMUS Federal Services, Inc. has determined the request for **L4-L5 anterior lumbar interbody fusion is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/13/2013. 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 **L4-L5 anterior lumbar interbody 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.

### Expert Reviewer Case Summary:

The patient is a 38-year-old male who reported a work-related injury on 07/24/2012, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses, chronic intractable low back pain, rule out lumbar instability, chronic lumbar deconditioning. MRI of the lumbar spine dated 09/15/2012 signed by Dr. [REDACTED] revealed: (1) Evidence of a transitional lumbosacral junction. The iliolumbar ligament is used as the L5-S1 localizing site. If surgery were indicated, direct film comparison was recommended. (2) The L3-L4 intervertebral disc space is the most abnormal intervertebral disc space. There is degeneration and desiccation of the intervertebral disc space with a diffusely bulging disc not significantly deforming the thecal sac, roots or foramina. (3) The L4-L5 intervertebral disc space demonstrates degeneration and desiccation of the intervertebral disc space with diffusely bulging disc and mild bilateral foraminal stenosis. (4) Degeneration of the L5-S1 intervertebral disc space with a diffusely bulging disc and mild bilateral foraminal stenosis. There is no evidence of an occult fracture. The clinical note dated 08/02/2013 reports the patient was seen for followup under the care of provider Dr. [REDACTED]. The provider documents the patient recently was involved in a motor vehicle accident on 07/30/2013. The patient ran into a parked car, the provider documents the patient's back pain did not worsen after that accident. The provider reports the patient utilizes Vicodin 2 to 3 a day, Xanax 1 by mouth at bedtime. The provider documented the patient's physical examination "remained unchanged".

## 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 L4-L5 anterior lumbar interbody fusion:

#### 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 ACOEM 2004 Updates; Chapter 12, page 307, which is part of the MTUS, and ACOEM 3rd Edition, page 702, VOL 2: Spondylosis, and ODG Lumbar Spine, which are not part of MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12), Page 307, which is part of MTUS.

#### Rationale for the Decision:

The employee underwent two electrodiagnostic studies, both of which revealed no abnormalities to the bilateral lower extremities. In addition, the clinical notes lack documentation of the employee presenting with instability at the L4-L5 level indicative of the requested fusion. California MTUS/ACOEM indicates, "Disc herniation, characterized by protrusion of the central nucleus pulposus through a defect in the outer annulus fibrosis, may impinge on a nerve root, causing irritation, back and leg symptoms, and nerve root dysfunction. The presence of a herniated disk on an imaging study, however, does not necessarily imply nerve root dysfunction." Furthermore, the clinical notes reviewed lacked evidence of the employee having undergone a psychological evaluation prior to the requested surgical intervention. **The request for L4-L5 anterior lumbar interbody 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,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
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Oakland, CA 94612

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