

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/1/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	8/20/2007
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005407

- 1) MAXIMUS Federal Services, Inc. has determined the request for revision of lumbar fusion **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/15/2013. 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 revision of lumbar 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 58-year-old male who reported a work related injury to his lumbar spine on 08/20/2007 as a result of strain. Subsequently, the patient underwent L4-5 interbody fusion with pedicle screws as of 03/15/2011. The patient postoperatively utilized a course of physical therapy interventions. The clinical notes evidence the patient presented over the past year with increased complaints of lumbar spine pain and radiculopathic symptoms down the left lower extremity. Clinical notes evidence the patient utilizes ibuprofen and Vicodin for his pain complaints, Plavix, baby aspirin, Coreg and warfarin. The most recent clinical note by the requesting provider is dated from 12/2012. The provider documents the patient continues to present with symptoms of back pain and spasm and had not received any course of physical therapy despite an appeal letter for physical therapy and a CT scan. Upon physical exam of the patient, the provider documented there was evidence of bilateral paravertebral spasm, straight leg raise was positive on the left at 90 degrees, strength was symmetrical with no atrophy or fasciculation and sensory exam was intact. The provider recommended a course of physical therapy for the patient and a CT scan of the lumbar spine to assess the possibility of nonunion at L4-5. A CT scan dated 01/25/2013 of the patient's lumbar spine signed by Dr. [REDACTED] revealed: (1) a solid fusion at the L4-5, the left-sided pedicle screws; however, course through the lateral recesses at L5 and to a lesser degree at L4; (2) mild overall central and foraminal stenoses at L3-4; (3) suggestion of an osteonecrosis at the left femoral head.

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 revision of lumbar 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 American College of Occupational and Environmental Medicine (ACOEM), Chapter 12, Low Back Complaints, (2004), Spinal Fusion, Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints, page 307, Surgical Considerations, page 310, which is part of the MTUS and the Official Disability Guidelines, (ODG), Low Back & Thoracic (Acute & Chronic), Indications for surgery-Discetomy, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Surgical Considerations, pg. 305, Lumbosacral Nerve Root Decompression, pg. 306 and Spinal Fusion, pg. 307, which is part of the MTUS and the Official Disability Guidelines, (ODG), Patient Selection Criteria for Lumbar Spinal Fusion, which is not part of the MTUS.

Rationale for the Decision:

A review of the medical records submitted indicate that the employee previously received an adverse determination due to a lack of physical exam findings correlating with imaging of the lumbar spine. The reviewed imaging reports of the lumbar spine indicate there is a solid fusion, the employee is posteriorly decompressed, and the neural foramina are not compromised. **The request for a revision of lumbar 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
1515 Clay Street, 18th Floor
Oakland, CA 94612

/db

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.