

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: 11/8/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/2/2013

7/1/2011

8/21/2013

CM13-0005518

- 1) MAXIMUS Federal Services, Inc. has determined the request for **revision right L4-5 decompression is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **pre-operative visit at Silicone Valley Spine Institute and Operating Facility is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **inpatient stay 1-3 days 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 8/1/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/16/2013. 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 right L4-5 decompression is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **pre-operative visit at Silicone Valley Spine Institute and Operating Facility is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **inpatient stay 1-3 days 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:

This patient is a 28-year-old male who reported an injury on 07/01/2011. The current request is for a revision right L4-5 decompression, with a preoperative visit at [REDACTED], and inpatient stay for 1 to 3 days, and an assistant surgeon. The documentation submitted for review indicates that the patient's mechanism of injury is lifting of a heavy machine. Notes indicate that the patient on 06/25/2012, underwent an MRI which noted canal narrowing and disc bulge at L5-S1 without evidence of neural compression and at L4-5, there was a right sided disc protrusion with right lateral stenosis. A followup MRI on 12/13/2012 noted recurrent residual disc at L4-5 on the right side with complete effacement of the right lateral recess and evidence of L5 nerve root compression.

This patient was evaluated for participation in a pain program on 05/24/2013 which indicated the patient's history to be significant for a right L4 and L5 partial laminectomy, medial facetectomy, partial foraminotomy, and discectomy for decompression of the cauda equina nerve roots on 09/26/2012. Furthermore, notes indicate in the patient's treatment history that the patient has undergone formal physical therapy, use of a TENS (Transcutaneous Electrical Nerve Stimulation) unit, a right L5 selective nerve root block

on 01/30/2013, as well as activity modification and medications to include Cymbalta 30 mg.

Currently, notes indicate that the patient was evaluated on 06/04/2013 for complaints regarding the low back and right lower limb which have remained unchanged symptomatically. The patient indicates feeling nauseated when he stops using Cymbalta. Furthermore, notes indicated the patient was scheduled to undergo a second surgical opinion. Physical examination of the patient indicated a positive right sided seated straight leg raise at 60 degrees, with negative findings for Trendelenburg sign, muscle spasms, or tenderness to the posterior lumbar spine.

There was no evidence of guarding noted during the lumbar examination. Neurologically, sensory and motor examination of both the upper extremities demonstrated normal muscle strength in all major muscle groups and normal light touch sensation in all dermatomes of the upper extremities. Motor testing of the lower extremities revealed fatigue weakness of the gastrocnemius/soleus muscles to repetitive toe raise on the right and the remaining lower extremity muscle groups were otherwise normal bilaterally. Deep tendon reflexes at the knees and ankles were 1 to 2+ and symmetric. Sensory deficit was noted in the right lower extremity in an L5-S1 dermatome with pinwheel testing with no sensory deficits noted to the left lower extremity.

An orthopedic specialist consultation was undertaken on 06/21/2013 with physical examination determining lumbar spine range of motion of 70 degrees of flexion, 20 degrees of extension, bilateral lateral bending of 30 degrees, with straight leg raise positive on the right. Neurological examination revealed decreased sensation to the medial border of the right foot and weakness of the right EHL (*extensor hallucis longus*), EDC (*extensor digitorum communis*), anterior tibialis, and calf. Deep tendon reflexes were noted to be unobtainable. Discussion notes indicate the recommendation that the patient's clinical presentation was consistent with a herniated disc on the right at L4-5, with a recommendation for revision discectomy. Further evaluation on 06/25/2013 through 08/06/2013 noted no change in the patient's complaints. Notes indicated the patient continues to have pain and numbness and tingling in an L5 dermatome with physical examination findings unchanged in the evaluation performed on 06/21/2013.

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:

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

1) Regarding the request for revision right L4-5 decompression :

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 General Approach to Initial Assessment and Documentation (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2) pg 305 – 306, which is part of MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Low Back Complaints page 307, which is part of the MTUS.

Rationale for the Decision:

The California MTUS/ACOEM Guidelines indicate the recommendation for surgical consideration with lumbosacral nerve root decompression for patients with severe and disabling lower leg symptoms in a distribution consistent with abnormalities noted on imaging studies, preferably with accompanying objective signs of neural compromise. Furthermore, surgical consideration includes patients with failure of conservative treatment to resolve disabling radicular symptoms and with clear clinical, imaging, and electrophysiological evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. While the documentation submitted for review indicates that the employee has a clinical presentation consistent with a herniated disc on the right at L4-5, the documentation submitted for review is insufficient to determine if the employee has yet undergone electrodiagnostic studies confirming evidence of a lesion in conjunction with the imaging studies submitted for review per the recommendation of the guidelines. Furthermore, notes indicate that the employee was evaluated on 05/24/2013 for placement in a pain management program, with findings indicating the employee was in a deconditioned state; however, there is a lack of documentation indicating if the employee attended sessions in the program and there is a lack of documentation indicating the employee's response to treatment. **The request for revision right L4-5 decompression is not medically necessary and appropriate.**

2) Regarding the request for pre-operative visit at Silicone Valley Spine Institute and Operating Facility :

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

3) Regarding the request for inpatient stay 1-3 days:

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

4) Regarding the request for assistant surgeon :

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

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

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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.