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Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

Dated: 12/17/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/22/2013
Date of Injury:	1/28/2010
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005582

DEAR

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations,

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedics 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

[redacted]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 62-year-old female who reported an injury on 01/28/2010. The patient has imaging evidence of 4 mm to 5 mm posterior disc protrusions at the L4-5 and L5-S1 levels with severe stenosis. The patient has been previously treated with epidural steroid injections, right hip injections, facet injections, medication management, therapy, radiofrequency ablation, and diagnostic workup. The patient is noted to have tenderness in the lumbar spine with no obvious motor weakness. The patient has been proposed for lumbar fusion at the L3-4, L4-5, and L5-S1 levels with preoperative clearance, assistants, and postoperative DME (Durable Medical Equipment).

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Anterior lumbar interbody fusion at L3-S1, posterior spinal fustion at L3-S1 is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Practice Guidelines, 2nd Edition Chapter 12, which is part of MTUS, and the Official Disability Guidelines (ODG), Low Back Chapter, which is not part of MTUS.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pg. 305, which is part of MTUS, and the Official Disability Guidelines (ODG), Low Back Chapter, which is not part of MTUS.

The Physician Reviewer's decision rationale:

The MTUS/ACOEM Guidelines indicate that surgical consideration is considered only when serious spinal pathology or nerve root dysfunction has not responded to conservative therapy. The documentation submitted for review fails to reveal any significant radiographic evidence to support the need for a 3-level lumbar fusion. The employee does have disc bulging at the L3-S1 levels; however, there is lack of any significant findings that would necessitate the need for spinal fusion. The employee's symptoms have not responded to conservative therapy; however, as discussed above, there is a lack of serious spinal pathology to warrant fusion procedure. Furthermore, there is lack of documentation of psychological clearance for the proposed surgery. **The request for anterior lumbar interbody fusion at L3-S1, posterior spinal fusion at L3-S1 is not medically necessary and appropriate.**

2. Inpatient three-3-to five -5-days length of stay is not medically necessary and appropriate.

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

3. Pre-operative medical cleance to include consulation, lans, EKG, and chest X-ray as well as additional medical necessity testin for clearance is not medically necessary and appropriate.

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

4. Lumbar back brace is not medically necessary and appropriate.

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

5. Bone Growth stimulator is not medically necessary and appropriate.

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

6. TEC System with DVT and lumbar wrap is not medically necessary and appropriate.

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

7. Assistant Surgeon is not medically necessary and appropriate.

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

8. Vascular Surgeon is not medically necessary and appropriate.

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

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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.