
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/20/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/16/2013
Date of Injury: 2/28/2009
IMR Application Received: 8/2/2013
MAXIMUS Case Number: CM13-0006176

DEAR [REDACTED]

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, [REDACTED]

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 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 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]
- [REDACTED]
- [REDACTED]
- [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:

This patient is a 60-year-old male who reported a work-related injury on 02/28/2009; specific mechanism of injury was noted as a fall. Subsequently, the patient treats for the following diagnoses, recurrent disc herniation at L4-5 with bilateral lower extremity radiculopathy, cervicalgia due to degenerative disc disease with bilateral upper extremity radiating pain and numbness, possibly secondary to radiculopathy. The clinical note dated 07/02/2013 reports the patient was seen for follow-up under the care of Dr. [REDACTED]. The provider documents the patient returns for follow-up as far as treatment for his low back pain and bilateral radiating lower extremity pain. The patient reports symptoms are largely unchanged from his previous visit in January. The patient continues to have left greater than right radiating lower extremity pain in an L5 pattern. The patient reports his left lower extremity is getting progressively weaker. At the patient's last visit, surgical intervention in the form of an L4-5 laminectomy and fusion was suggested to the patient; however, the patient was not interested in proceeding with surgical interventions at that time. As of the clinical date 07/02/2013, due to progressive nature of the patient's symptoms, he is interested in proceeding with surgery. The patient has a prior history of a C4-6 anterior cervical fusion. Examination of the lumbar spine demonstrates limited active range of motion secondary to pain. The patient had weakness of the left tibialis anterior and EHL graded 4/5. Otherwise, well-maintained strength throughout the bilateral lower extremities, positive left straight leg raise testing was noted. 2+ patellar and Achilles tendon reflexes bilaterally. Sensation was intact distally. MRI of the lumbar spine reviewed by Dr. [REDACTED] dated 07/2012, demonstrated recurrent disc herniation that was paracentral to the left at the L4-5 level with compression of the traversing L5 nerve root. There was significant bilateral lateral recess stenosis and neural foraminal stenosis. At L3-4 there was a mild to moderate central canal stenosis and neural foraminal stenosis, and there was no other neurologic compromise. The provider again recommended the patient to undergo a laminectomy and Transforaminal posterior lumbar interbody fusion (TPLIF) at the L4-5.

IMR DECISION(S) AND RATIONALE(S)

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

1. Transforaminal posterior interbody fusion is not medically necessary and appropriate.

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), Chapter 12, which is a part of the MTUS and the Official Disability Guidelines (ODG), Lumbar chapter, which is not a part of the MTUS.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg. 307, Spinal Fusion, which is a part of the MTUS.

The Physician Reviewer's decision rationale:

A review of the records indicates that the current request previously received an adverse determination, as there was a lack of evidence of significant instability or spondylolisthesis to warrant the proposed lumbar fusion. As noted in the previous adverse determination, guidelines do not support lumbar fusion in the absence of clear instability. Furthermore, the clinical notes lacked evidence of the employee's recent course of treatment for pain complaints, such as utilization of physical therapy, injection therapy, and other conservative modalities prior to the requested operative procedure. Furthermore, the clinical notes do not evidence an official imaging study of the employee's lumbar spine to support the requested operative procedure. In addition, guidelines recommend patients undergo a psychological evaluation prior to the requested operative procedure to address any confounding issues that may impede postoperative recovery. **The request for transforaminal posterior lumbar interbody fusion is not medically necessary and appropriate.**

2. Laminectomy is not medically necessary and appropriate.

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), Chapter 12, which is a part of the MTUS and the Official Disability Guidelines (ODG), Lumbar chapter, which is not a part of the MTUS.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg. 306, laminectomy, which is a part of the MTUS.

The Physician Reviewer's decision rationale:

A review of the records indicates that the current request previously received an adverse determination due to a lack of documentation to support the requested operative procedure. The current clinical notes lack documentation of the employee's recent course of treatment, a recent physical exam, or official imaging of the employee's lumbar spine. **The request for a laminectomy is not medically necessary and appropriate.**

3. MRI of the lumbar spine is not medically necessary and appropriate.

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

4. Pre-op medical clearance and labs is not medically necessary and appropriate.

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

5. DME: Solly brace is not medically necessary and appropriate.

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

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.

[REDACTED]

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