

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/16/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/5/2013
Date of Injury:	2/7/2000
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0006244

- 1) MAXIMUS Federal Services, Inc. has determined the request for **one consultation for low back surgical evaluation is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/27/2013. 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 **one consultation for low back surgical evaluation is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

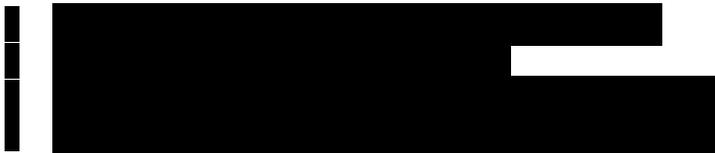
The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgeon and is licensed to practice in Texas. He/she has been in active clinical practice for more than five 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 47 year old male who reported an injury on 02/07/2000. The patient was diagnosed as having lumbago and has had ongoing pain with small relief after the use of oral medications, multiple facet blocks, and pool and gym therapy. A CT discogram showed concordant pain at L4-L5 and L5-S1 with worse pain at the lower levels. He declined surgery in the past; but is now considering it due to the ongoing pain in his lower back.

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:



- 1) **Regarding the request for one consultation for low back surgical evaluation:**

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 Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pgs. 288 and 305, which is part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004), Surgical Considerations, pgs. 305-306, which is part of the MTUS.

Rationale for the Decision:

The American College of Occupational and Environmental Medicine (ACOEM) suggests that, "If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectation is very important." Based on medical records provided for review the employee reported an injury on 02/07/2000. The employee was diagnosed as having lumbago and has had ongoing pain with small relief after the use of oral medications, multiple facet blocks, and pool and gym therapy. A CT discogram showed concordant pain at L4-L5 and L5-S1 with worse pain at the lower levels. The employee declined surgery in the past; but is now considering it due to the ongoing pain in the lower back. Because the employee does not have a previous surgical history, and due to the complexity of spinal surgeries, an evaluation would be beneficial for the employee. **The request for one consultation for low back surgical evaluation is 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

/jd

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.