
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/19/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/12/2013
Date of Injury: 6/5/2012
IMR Application Received: 8/5/2013
MAXIMUS Case Number: CM13-0006518

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, has a subspecialty in Spine 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 claimant is a 34-year-old male with a reported date of injury of 06/05/2012. The mechanism of injury was described as carrying a heavy bag of sand weighing approximately 90 pounds when suddenly the bag ripped open causing him to shift his body position rapidly, resulting in back pain and right leg pain. An MRI of the lumbar spine dated 08/01/2012 revealed at L4-5 there is mild loss of disc signal and dorsal disc height with a shallow disc bulge being noted and a small 3 mm thickness central disc protrusion without significant stenosis. Electrodiagnostic studies were performed and were considered normal with no evidence of either acute or chronic lumbar radiculopathy. The subsequent MRI of 10/30/2012 showed a large disc bulge at L4-5 with mild bilateral facet degenerative changes and mild bilateral ligamentum flavum hypertrophy causing moderate to severe bilateral neural foraminal narrowing. There was associated severe spinal canal narrowing as well as severe bilateral lateral recess stenosis. On 08/19/2013, he returned to clinic with continued complaints of severe low back pain radiating to his buttocks and posterior thighs bilaterally. On examination, his gait was normal and lumbar range of motion was moderately restricted. Motor and sensory function in the lower extremities was intact. Diagnosis was L4-5 herniated disc with stenosis. Plan at that time was to move forward with an XLIF and L4-5 laminectomy with a posterior spinal fusion at L4-5, preoperative medical clearance with a Cybertec back brace and cold therapy system.

IMR DECISION(S) AND RATIONALE(S)

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

1. XLIF L4-5 laminectomy is not medically necessary and appropriate.

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg 307, which is 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 305-6, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The guidelines for decompression indicate that there should be documentation of clear clinical imaging, electrophysiological evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. This includes an EMG/NCV study which indicates that there is no evidence of lumbar radiculopathy. The employee's motor and sensory exam as of 08/19/2013 was intact. The employee complained of pain but this pain did not go down below the knee in a true radicular fashion. The guidelines indicate that there should be, "Severe disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise." As the employee's sensation and strength are preserved, gait is normal, and as there is no electrodiagnostic evidence of lumbar radiculopathy, the request for an XLIF L4-5 laminectomy is not considered medically necessary. **The requested XLIF L4-5 laminectomy is not medically and appropriate.**

2. Posterior spinal fusion L4-5 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg 307, which is 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, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The guidelines do not support the requested services in this clinical setting. The records do not indicate any significant instability at the L4-5 level to warrant a fusion. Additionally, psychosocial evaluation has not been provided. The guidelines, in discussing a lumbar fusion, indicate that there is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or consumptive treatment. The guidelines further indicate that there is no good evidence for controlled trials and spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fractures, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. The submitted records do not indicate instability in the lumbar spine at the L4-5 level. A psychosocial evaluation has not been performed as recommended by guidelines. **The requested posterior spinal fusion L4-5 is not medically necessary and appropriate**

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

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

4. Cybertec 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. Cold therapy system is not medically necessary and appropriate.

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

/srb

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.

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