
Notice of Independent Medical Review Determination

Dated: 9/6/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

5/15/2013

1/13/2013

5/17/2013

CM13-0000409

- 1) MAXIMUS Federal Services, Inc. has determined the request for an L2-3 posterior fusion with instrumentation to correct L2-3 nonunion **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/17/2013 disputing the Utilization Review Denial dated 5/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/5/2013. 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 an L2-3 posterior fusion with instrumentation to correct L2-3 nonunion **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 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the Primary Treating Physician's Progress Report dated May 15, 2013:

Ms. [REDACTED] was seen in my [REDACTED] office today for her lower back. She has complaints of lower back pain with inability to work or engage in her normal daily activities with pain in her back and a sense of instability.

PHYSICAL EXAMINATION: Examination of the lumbar spine reveals a long healed thoracolumbar scar consistent with thoracolumbar fusion for scoliosis. She has a slight trunk shift to the right and on forward bending a right thoracic prominence consistent with scoliosis. No tenderness is present. Range of motion allows for 90 degrees of flexion at the hips with forward reach to the ankles, extension of 20 degrees and lateral bending of 20 degrees bilaterally. Straight leg raising is negative bilaterally. Neurologic exam of the lower extremities is intact to motor strength and sensation. Deep tendon reflexes are unobtainable at the knees and ankles. Calf circumference measures 13 inches on the right and 12½ inches on the left.

DIAGNOSIS:

1. Lumbar spondylosis.
2. L2-3 nonunion following previous thoracolumbar fusion for scoliosis.
3. Renal transplant.
4. Clipped brain aneurysm possibly precluding MRI.
5. History of polycystic kidney disease.

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 for Independent Medical Review
- Utilization Review from [REDACTED] (dated 5/15/13)
- Medical records from the Claims Administrator
- California Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for an L2-3 posterior fusion with instrumentation to correct L2-3 nonunion:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite any evidence-based guidelines in its utilization review determination letter. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Chapter 12, pages 307-310, which are part of the California Medical Treatment Utilization Schedule.

Rationale for the Decision:

The employee was injured on 01/14/13 and has experienced back pain. A lumbar x-rays dated 01/25/13 showed levoscoliosis centered at approximate L1 with accompanying advanced multilevel degenerative disc disease (DDD) and facet arthropathy. Diagnoses included lumbar region strain, lumbar spondylosis, and L2-3 non-union following a previous fusion. Conservative treatment measures have included medications, physical therapy, and modified work duty, without positive response. A request was submitted for an L2-3 posterior fusion with instrumentation to correct L2-3 nonunion.

The ACOEM Guidelines indicate patients with increased spinal instability (not work related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. The medical records received and reviewed indicate the employee has been evaluated with a CT scan as well as an MRI. The lumbar CT scan dated 02/28/13 showed significant scoliosis with DDD and posterior fusion of the lumbar spine likely surgically, separation at the posterior elements of L2-3 level likely chronic, and suggested an underlying history of polycystic kidney disease and bilateral nephrectomy. The MRI revealed abnormalities in the fluid signal intensity in the region of the lateral fusion masses right greater than left L2-3 with findings that raise the possibility of some component of instability of the bony fusion at that level. The records appear to show evidence of spinal instability and the employee has failed to respond to conservative measures. The request for an L2-3 posterior fusion with instrumentation to correct L2-3 nonunion 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dj

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.