

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
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Notice of Independent Medical Review Determination

Dated: 8/27/2013

[Redacted]

[Redacted]

[Redacted]

Employee: [Redacted]
Claim Number: [Redacted]
Date of UR Decision: 5/31/2013
Date of Injury: 3/13/2013
IMR Application Received: 6/20/2013
MAXIMUS Case Number: CM13-0000783

- 1) MAXIMUS Federal Services, Inc. has determined the request for Kyphoplasty at T12, Laminectomy at L3 and L4, Fluoroscopic Guidance, and Assistant Surgeon **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for pre-op clearance **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for pre-op labs **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for pre-op EKG **is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for pre-op chest X-ray **is medically necessary and appropriate.**

- 6) MAXIMUS Federal Services, Inc. has determined the request for one to two night hospital stay **is medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for post-op physical therapy **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/20/2013 disputing the Utilization Review Denial dated 5/31/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/21/2013. 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 Kyphoplasty at T12, Laminectomy at L3 and L4, Fluoroscopic Guidance, and Assistant Surgeon **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for pre-op clearance **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for pre-op labs **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for pre-op EKG **is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for pre-op chest X-ray **is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for one to two night hospital stay **is medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for post-op physical therapy **is medically necessary and appropriate.**

Medical Qualifications of the Professional 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 Neurological 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 professional 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 utilization review denial/modification dated May 31, 2013:

"05/15/13 [REDACTED], MD/ Spine Consult; Subjective: Back pain, rib pain, and proximal leg weakness. He states on average his pain is about 8 / 10 and in terms of his legs he states that he is walking with a cane as about a month ago and has some buckling sensation down his legs and especially in the proximal thigh. He does have a history of diabetes, which is well-controlled by his reports and the blood sugars are in the low

100s and no evidence of neuropathy in the past. He does note that his gait has becoming unsteady and does not feel confident walking unassisted. His treatment in the past has included physical therapy, job modification, medications, and use of assistive devices. Physical Exam. Review records and imaging. Diagnosis: 1. T12 compression fracture, acute to subacute. 2. L3-IA spinal stenosis, severe. Recommendations: 1. Kyphoplasty procedure at T12, which will help with his back pain. 2. L3-IA. I recommend surgical treatment at this time, which would be an L3-IA laminectomy. Walker. Medical clearance for surgery: labs, EKG, chest x-rays. Post-op Physical Therapy started at 2-3 months post-op. TTD”

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 dated 6/20/2013
- Utilization Review Determination provided by [REDACTED] dated 5/31/2013
- Medical Records from 3/15/2013 through 6/19/2013
- Official Disability Guidelines, Current Version, Kyphoplasty
- Official Disability Guidelines, Current Version, Fluoroscopy
- ACOEM Guidelines, 2004, 2nd Edition, Surgical Considerations, Spinal Stenosis page 307
- ODG Guidelines – Low Back Chapter – Pre-Op Lab Testing
- ODG Guidelines – Low Back Chapter – Pre-Op Electrocardiogram (ECG)
- ODG Guidelines – Low Back Chapter – Pre-Op Testing Chest Radiography
- ODG Guidelines – Low Back Chapter – Hospital Length of Stay (LOS)
- California Chronic Pain Medical Treatment Guidelines – Post Surgical Physical Therapy - Laminectomy

1) Regarding the request for Kyphoplasty at T12, Laminectomy at L3 and L4, Fluoroscopic Guidance, and Assistant Surgeon

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) guidelines, 2nd Edition, 2004, Surgical Considerations, Spinal Stenosis, page 307, of the Medical Treatment Utilization Schedule (MTUS), and the Official Disability Guidelines, Current Version, Kyphoplasty, a Medical Treatment Guideline (MTG), a medical treatment guideline (MTG) not in the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee injured his low back on 3/13/2013 while attempting to move a dolly containing a heavy bed. An MRI revealed a subacute to acute anterior wedge fracture at T12 and severe spinal stenosis at L3-4. Submitted updated documents dated 6/19/2013 revealed EMG/NCV findings of bilateral right greater than left L4 abnormalities and a component of polyneuropathy. A request was

made for Kyphoplasty at T12, Laminectomy at L3-4, Fluoroscopic Guidance, and an Assistant Surgeon.

ACOEM guidelines support Kyphoplasty of T12, and Laminectomy at L3-4 when conservative care has failed. The employee has been on conservative therapy for three months without improvement and meets the criteria for surgical intervention. The request for Kyphoplasty at T12, Laminectomy at L3 and L4, Fluoroscopic Guidance, and Assistant Surgeon is medically necessary and appropriate.

2) Regarding the request for a Pre-Op Clearance:

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

The Claims Administrator based its decision on the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation: 2002, February (revised 2012 March) Anesthesiology 2012 Mar; 116(3):522-38, a Medical Treatment Guideline (MTG) not in the MTUS and is the most recent version of the MTG. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not appropriately address the employee's condition and/or requested treatment. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee injured his low back on 3/13/2013 while attempting to move a dolly containing a heavy bed. An MRI revealed a subacute to acute anterior wedge fracture at T12 and severe spinal stenosis at L3-4. Submitted updated documents dated 6/19/2013 revealed EMG/NCV findings of bilateral right greater than left L4 abnormalities and a component of polyneuropathy. A request was made for surgery and a pre-op clearance.

The Preanesthesia Evaluation Guideline supports pre-op evaluations. The employee meets the criteria for surgical intervention. The request for pre-op clearance is medically necessary and appropriate.

3) Regarding the request for pre-op labs:

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

The Claims Administrator based its decision on the Official Disability Guidelines, Current Version, Pre-Operative Lab Testing Section, which is a Medical Treatment Guideline (MTG) not in the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not appropriately address the employee's condition and/or requested treatment. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee injured his low back on 3/13/2013 while attempting to move a

dolly containing a heavy bed. An MRI revealed a subacute to acute anterior wedge fracture at T12 and severe spinal stenosis at L3-4. Submitted updated documents dated 6/19/2013 revealed EMG/NCV findings of bilateral right greater than left L4 abnormalities and a component of polyneuropathy. A request was made for surgery and pre-op labs.

The ODG recommends preoperative lab testing. The employee meets the criteria for surgical intervention. The request for pre-op labs is medically necessary and appropriate.

4) Regarding the request for pre-op EKG:

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

The Claims Administrator based its decision on the Official Disability Guidelines, Current Version, Pre-Operative Electrocardiogram Section, which is a Medical Treatment Guideline (MTG) not in the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not appropriately address the employee's condition and/or requested treatment. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee injured his low back on 3/13/2013 while attempting to move a dolly containing a heavy bed. An MRI revealed a subacute to acute anterior wedge fracture at T12 and severe spinal stenosis at L3-4. Submitted updated documents dated 6/19/2013 revealed EMG/NCV findings of bilateral right greater than left L4 abnormalities and a component of polyneuropathy. A request was made for surgery and a pre-op EKG.

The ODG recommends a preoperative EKG. The employee meets the criteria for surgical intervention. The request for pre-op EKG is medically necessary and appropriate.

5) Regarding the request for pre-op chest X-ray:

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

The Claims Administrator based its decision on the Official Disability Guidelines, Current Version, Pre-Operative Testing Section, which is a Medical Treatment Guideline (MTG) not in the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not appropriately address the employee's condition and/or requested treatment. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee injured his low back on 3/13/2013 while attempting to move a dolly containing a heavy bed. An MRI revealed a subacute to acute anterior wedge fracture at T12 and severe spinal stenosis at L3-4. Submitted updated

documents dated 6/19/2013 revealed EMG/NCV findings of bilateral right greater than left L4 abnormalities and a component of polyneuropathy. A request was made for surgery and a pre-op chest X-Ray.

The ODG recommends a preoperative chest X-Ray. The employee meets the criteria for surgical intervention. The request for pre-op chest X-Ray is medically necessary and appropriate.

6) Regarding the request for one to two night hospital stay:

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

The Claims Administrator based its decision on the Official Disability Guidelines, Current Version, Low Back Chapter, Hospital Length of Stay (LOS), which is a Medical Treatment Guideline (MTG) not in the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not appropriately address the employee's condition and/or requested treatment. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee injured his low back on 3/13/2013 while attempting to move a dolly containing a heavy bed. An MRI revealed a subacute to acute anterior wedge fracture at T12 and severe spinal stenosis at L3-4. Submitted updated documents dated 6/19/2013 revealed EMG/NCV findings of bilateral right greater than left L4 abnormalities and a component of polyneuropathy. A request was made for surgery and a one to two night hospital length of stay.

The ODG recommends a one to two night hospital length of stay following lumbar laminectomy. The employee meets the criteria for surgical intervention. The request for one to two night stay is medically necessary and appropriate.

7) Regarding the request for post-op physical therapy:

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

The Claims Administrator based its decision on the Post-Surgical Treatment Guidelines, Laminectomy, of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee injured his low back on 3/13/2013 while attempting to move a dolly containing a heavy bed. An MRI revealed a subacute to acute anterior wedge fracture at T12 and severe spinal stenosis at L3-4. Submitted updated documents dated 6/19/2013 revealed EMG/NCV findings of bilateral right greater than left L4 abnormalities and a component of polyneuropathy. A request was made for surgery and post-op physical therapy.

The Post-Surgical Treatment Guidelines recommend post-surgical physical therapy of up to 16 visits over 8 weeks. The employee meets the criteria for surgical intervention. The request for post-op physical therapy 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

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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.