

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 12/26/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/12/2013
Date of Injury:	9/14/2011
IMR Application Received:	8/13/2013
MAXIMUS Case Number:	CM13-0010518

- 1) MAXIMUS Federal Services, Inc. has determined the request for staged anterior interbody fusion following PLIF/posterior interbody fusion/fixation and laminectomy at L5-S1 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/13/2013 disputing the Utilization Review Denial dated 8/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/18/2013. 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 staged anterior interbody fusion following PLIF/posterior interbody fusion/fixation and laminectomy at L5-S1 **is not 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 Neurologic 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.

Expert Reviewer Case Summary:

48 year old female who has undergone back surgery in Jan,2013 because of back pain and left lower extremity (LLE) pain. She continues with those symptoms, but back pain is greater than left leg pain. She has seen a number of physicians who have given various opinions for her care. She has undergone injections without relief. She has been prescribed Norco and Percocet for her pain. A urine drug screen was neg for those substances. Her exam shows normal strength, straight leg raise (SLR) only + in her back and not sciatic distribution. Her reflexes are normal and symmetric. At her 8/16/13 visit with her surgeon, he noted, after much discussion "No clearly visualized abnormality on her MRI." He proposes a staged anterior lumbar interbody fusion (ALIF) and an instrumented posterior lumbar interbody fusion (PLIF) at L5/S1. This has been denied.

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:

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

- 1) **Regarding the request for staged anterior interbody fusion following PLIF/posterior interbody fusion/fixation and laminectomy at L5-S1:**

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), California Guidelines, Low Back Complaints, "Spinal Fusion"., which is a part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Milliman Care Guidelines.17th ed. Lumbar Fusion; InterQual 2013 Procedures Adult Criteria: Fusion,Lumbar Spine; Bambakidis NC et al. Indications for the surgical fusion of the cervical and lumbar motion segment. SPINE 30:2,2005; and Policy Statement on Lumbar Spine Surgery.International Society for the Advancement of Spine Surgery (ISASS). Feb 2012, which are not a part of the MTUS.

Rationale for the Decision:

After a review of the records provided, this employee has chronic back pain and non radicular lower extremity pain. The pain generator has not been identified. There has been no localizing features to the employee's clinical condition that correlate with her L5/S1 segment as the pain generator. There is no evidence of instability, angulation, spondylolysis, infection, fracture, pseudarthrosis, deformity, scoliosis, nor tumor.

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

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]

CM13-0010518