

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/7/2013
Date of Injury:	10/29/2012
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0010682

- 1) MAXIMUS Federal Services, Inc. has determined the request for **peer to peer with Dr. [REDACTED]: L5 to S1 transforaminal interbody fusion with posterior instrumentation** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 8/7/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/23/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 2) MAXIMUS Federal Services, Inc. has determined the request for **peer to peer with Dr. [REDACTED]: L5 to S1 transforaminal interbody fusion with posterior instrumentation 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 Internal Medicine, and is licensed to practice in New York. 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 claimant is a 43 year old male with chronic back pain and history of work related injury on October 29, 2012. He has had multiple conservative treatments (medication and therapy). He has MRI lumbar that show degenerative changes in multiple lumbar disk levels (L3-4, L4-5, and L5-S1). The patient's main complaint is chronic low back pain. There is no specific neurologic deficit documented in the medical records. At issue is whether or not L5-S1 fusion surgery is medically needed.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for peer to peer with DR. [REDACTED]: L5 to S1 transforaminal interbody fusion with posterior instrumentation :

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 Official Disability Guidelines (ODG), Low Back, Spinal Fusion, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints(ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Spinal Fusion, page 307, which is part of the MTUS, Surgery for low back pain: a review of the evidence for an American Pain Society Clinical Practice Guideline, which is not part of the MTUS, Evidence-based guidelines for the performance of lumbar fusion., Resnick DK. Clin Neurosurg. 2006;53:279-84. Review. No abstract available. PMID: 17380763 [PubMed - indexed for MEDLINE], which is not part of the MTUS, and Evidence-based guidelines in lumbar spine surgery. Resnick DK, Groff MC. Prog Neurol Surg. 2006;19:123-34. Review. PMID: 17033151 [PubMed - indexed for MEDLINE], which is not part of the MTUS.

Rationale for the Decision:

This employee does not have any documented lumbar instability, fracture, and/or tumor in the lumbar spine. The employee has chronic back pain and multiple levels of degeneration on MRI. Surgery is not more likely than conservative nonoperative measures to relieve this employee's back pain. The MTUS ACOEM guidelines indicate that there is no scientific evidence about the long-term effectiveness of any form of decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. The literature does not support the role of surgical fusion over conservative measures for the treatment of discogenic back pain. More conservative measures are the most appropriate treatment modality at this time. **The request for peer to peer with DR. [REDACTED]: L5 to S1 transforaminal interbody fusion with posterior instrumentation is not 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

/cmol

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.