

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/5/2013
Date of Injury:	8/6/2010
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0010855

- 1) MAXIMUS Federal Services, Inc. has determined the request for **removal of hardware and augmentation of fusion at L4-5 along with a foraminotomy at L3-4 using I-O flex with neural monitoring 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 8/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/20/2013. 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 **removal of hardware and augmentation of fusion at L4-5 along with a foraminotomy at L3-4 using I-O flex with neural monitoring** 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 Orthopedic Surgeon, 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:

The employee is a 45-year-old male who reported an injury on 08/06/2010 when he was lifting an air chuck into an extruder winder, causing low back pain. An operative report dated 08/06/2012 noted the employee had previously undergone a microdiscectomy at L4-5 on an unstated date. On that date, the employee underwent an anterior discectomy and fusion with a posterolateral fusion at L4-5 with pedicle screw instrumentation. The employee is reported to continue to complain of low back pain with pain radiating to the right buttock. The employee is noted to have undergone a CT of the lumbar spine on 02/22/2013, which noted there was partial osseous incorporation of the interbody fusion, and is noted to have moderate to severe left and moderate right L3-4 and moderate bilateral L4-5 neural foraminal narrowing, which causes deformity of the exiting L3 and L4 nerve roots, respectively. A clinical note dated 04/03/2013 reported the employee had undergone a right transforaminal epidural steroid injection on 03/30/2013 with 80% improvement of his right leg pain, but his low back pain had increased since the injection. On 10/2013, the employee underwent a bilateral transforaminal epidural steroid injection at L3-4. A clinical note dated 06/19/2013 signed by [REDACTED] noted the employee reported the injection helped his lower back pain and leg pain. Clinical note dated 07/10/2013 reported the employee reported the epidural steroid injection helped reduce his back pain for about 10 days. He reported return of his pain and worsening leg cramps in both calves. On physical exam, the employee was noted to have flexion of 20 degrees, extension of 10 degrees, bilateral lateral flexion of 10 degrees, and knee and ankle jerks were 2+ and symmetrical. Sensory examination of the lower extremity was normal. Motor examination noted 5/5 strength in all muscle groups tested. Plan was made for hardware removal and augmentation of the fusion at L4-5, along with foraminotomy at L3-4.

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 Treatment Utilization Schedule (MTUS)
- Medical Records from: Claims Administrator

1) Regarding the request for removal of hardware and augmentation of fusion at L4-5 along with a foraminotomy at L3-4 using I-O flex with neural monitoring:

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 CA MTUS Low Back Complaints: American College of Occupational and Environmental Medicine (ACOEM), 2nd Editions (2004) Low Back Chapter, which is a part of the the MTUS and the Official Disability Guidelines (ODG) (Low Back Chapter), which is not a part of the MTUS.

The Expert 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 Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Low Back, Fusion,(spinal) Discectomy/Laminectomy, Intraoperative.

Rationale for the Decision:

A review of the records indicate that the employee reported an injury to his back on 08/06/2010 while lifting an air chuck into an extruder winder, which caused back pain. The employee is noted to have undergone a microdiscectomy at L4-5 on an unstated date, and then on 08/06/2012, it is also noted to have undergone an anterior and posterolateral interbody fusion at L4-5 with instrumentation. The employee reported to continue to complain of low back pain with radiation of pain to the right buttock, and a CT scan dated 02/22/2013 noted a partial osseous incorporation of the interbody fusion and far lateral directed disc and osteophyte complex that contacts the left L3 nerve root in the far lateral recess. The employee is noted to have undergone a lumbar epidural steroid injection on 03/30/2013 with 80% improvement of the right leg pain but increased low back pain, and a second epidural steroid injection performed on 06/10/2013 noted the employee had reduced lower back pain for approximately 10 days following the epidural steroid injection. The employee is noted by CT scan to have only a partial osseous incorporation of the interbody fusion. As such, removal of hardware and augmentation of the fusion would be indicated; however, there is no documentation on physical examination of any neurological deficits. As such, the requested foraminotomy at L3-4 would not be indicated. **The request for removal of hardware and augmentation of fusion at L4-5 along with a foraminotomy at L3-4 using I-O flex with neural monitoring 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

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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.