

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

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



---

**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/18/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 8/5/2013  
Date of Injury: 7/17/2008  
IMR Application Received: 8/14/2013  
MAXIMUS Case Number: CM13-0010947

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. This means we decided that all of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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 disputed items/services.

### DOCUMENTS REVIEWED

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]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 52-year-old male who reported an injury on 07/17/2008. The patient has MRI evidence of a mild, broad-based central disc protrusion at L4-5 with mild facet osteoarthritis and mild canal, left lateral recess and bilateral foraminal narrowing, as per the MRI completed on 05/21/2013. The patient was seen for an initial neurosurgery consult on 06/05/2013 with complaints of severe low back pain radiating to the left leg. At the time, the patient had 4/5 left dorsiflexor strength with a negative straight leg raise, sensation intact and symmetric reflexes. The notes indicate that the patient had been previously treated with medications, physical therapy and epidural steroid injections. The patient had been recommended for a left L4-5 hemilaminectomy.

### IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **1. Outpatient L4-5 hemilaminectomy is medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM guidelines, page 306, which is part of the MTUS, and the ODG, TWC 2013, Lumbar Chapter, which is not part of the MTUS..

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12), Surgical considerations pages 305-306, which is part of the MTUS.

The Physician Reviewer's decision rationale:

MTUS/ACOEM Guidelines recommend patients for surgical consideration when there are "severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise." The documentation submitted for review indicates that the employee has MRI evidence of a central disc protrusion at L4-5 with left lateral recess and bilateral neural foraminal

narrowing. The employee has been unresponsive to conservative care, including medication management, therapy and epidural steroid injections. The employee does have physical exam findings including 4/5 left dorsiflexion weakness. The employee does have severe and disabling lower leg symptoms with objective signs of neural compromise that are consistent with the abnormalities on the submitted imaging studies. Therefore, the employee does meet surgical considerations for an outpatient left L4-5 hemilaminectomy per ACOEM. **The request for outpatient L4-5 hemilaminectomy is medically necessary and appropriate.**

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]  
[REDACTED]  
[REDACTED]

[REDACTED] 0010947