

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: Select Date

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/7/2013
Date of Injury: 7/28/2008
IMR Application Received: 8/15/2013
MAXIMUS Case Number: CM13-0012043

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: UPHOLD. This means we decided that none 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 New Hampshire, New York, and Washington. 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 has a history of work related chronic back pain. The records do mention that there is clinical findings of axial back pain without specific radiculopathy. There is documented MRI evidence of 3 level lumbar degenerative disk condition without overt evidence of lumbar instability. The chart does not have a documented recent trial and failure of conservative measures to include physical therapy. The patient has been indicated for 2 level lumbar fusion surgery and associated post op measures.

IMR DECISION(S) AND RATIONALE(S)

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

1. Prospective request for 1 anterior lumbar discectomy and fusion at levels of L3-4 and L4-5 via extreme lateral interbody fusion with interbody cage, allograft bone and anterior plating between 8/2/2013 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Surgical Considerations, Lumbar Fusion, page 307, which is part of the MTUS, and the Official Disability Guidelines, Low Back Chapter, Online Edition, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Surgical Considerations, Lumbar 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, Spine (Phila Pa 1976). 2009 May 1;34 (10): 1094-109. Doi: 10.1097/BRS.Ob013e3181a105fc.Review, which is not part of the MTUS, PMID:19363455[PubMed - indexed for MEDLINE] Related citations, select items 17280763, 12.Evidence-based guidelines for the performance of lumbar fusion, which is not part of the MTUS, Resnik DK Clin Neurosurgery. 2006;53:279-84. Review. No abstract

available, which is not part of the MTUS, PMID:17380763[PubMed - indexed for MEDLINE] Related citations Select item 1703315113.Evidence-based guidelines in lumbar spine surgery, which is not part of the MTUS, Resnick DK, Groff MC., Prog Neurol Surg. 2006;19:123-34. Review, which is not part of the MTUS, and PMID:17033151[PubMed - indexed for MEDLINE], which is not part of the MTUS.

The Physician Reviewer's decision rationale:

This employee with multiple levels of lumbar disk degeneration without documented radiographic evidence of instability at any lumbar segment does not meet established criteria for lumbar fusion. There is also no evidence of fracture, or concern for tumor. Lumbar fusion surgery is not more likely than conservative measures to relieve this patient's back pain. Surgery is not medically necessary and not supported in the current peer review literature. All associated measures with the surgery are not needed. **The request for 1 anterior lumbar discectomy and fusion at levels of L3-4 and L4-5 via extreme lateral interbody fusion with interbody cage, allograft bone and anterior plating between 8/2/2013 is not medically necessary and appropriate.**

2. Prospective request for 1 anterior lumbar discectomy and fusion at levels of L4-5 and L5-S1 with interbody cage, allograft bone and anterior plating between 8/2/2013 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Surgical Considerations, Lumbar Fusion, page 307, which is part of the MTUS, and the Official Disability Guidelines, Low Back Chapter, Online Edition, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Surgical Considerations, Lumbar 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, Spine (Phila Pa 1976). 2009 May 1;34 (10): 1094-109. Doi: 10.1097/BRS.ObO13e3181a105fc.Review, which is not part of the MTUS, PMID:19363455[PubMed - indexed for MEDLINE] Related citations, select items 17280763, 12.Evidence-based guidelines for the performance of lumbar fusion, which is not part of the MTUS, Resnik DK Clin Neurosurgery. 2006;53:279-84. Review. No abstract available, which is not part of the MTUS, PMID:17380763[PubMed - indexed for MEDLINE] Related citations Select item 1703315113.Evidence-based guidelines in lumbar spine surgery, which is not part of the MTUS, Resnick DK, Groff MC., Prog Neurol Surg. 2006;19:123-34. Review, which is not part of the MTUS, and PMID:17033151[PubMed - indexed for MEDLINE], which is not part of the MTUS.

The Physician Reviewer's decision rationale:

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

3. Prospective request for 1 pre-operative medical clearance between 8/2/2013 and 9/16/2013 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Low Back Chapter, Pre-op testing, which is not part of the MTUS..

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) page 307, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

4. Prospective request for 3 days of inpatient hospital stay between 8/2/2013 and 9/16/2013 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Low Back Chapter, Hospital length of stay (LOS), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) page 307, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

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]

CM13-0012043