

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/26/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/9/2013
Date of Injury: 7/17/2011
IMR Application Received: 8/16/2013
MAXIMUS Case Number: CM13-0012105

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 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 claimant is a 31 year-old male injured in a work related accident on July 17, 2011 sustaining an injury to the low back. The recent clinical report reviewed includes an August 21, 2013 assessment by Dr. [REDACTED] for complaints of bilateral lower extremity radiculopathy. He states at that time he recommended a L4-5 posterior lumbar fusion citing the claimant's examination with weakness in an L5 nerve root distribution with large disc herniation on imaging with severe neuroforaminal stenosis and that a wide decompression at this level would render the level unstable and would result in the need for a fusion. He states that a prior Utilization Review documented a lack of conservative care and that the claimant has undergone epidural steroid injections and medical management. He reiterated that the surgical discectomy and fusion at the L4-5 level would be necessary given the large degree of neuroforaminal stenosis and the fact that a wide decompression would need to be performed. Reviewed in this case was testing including a January 3, 2013 electrodiagnostic study of the lower extremities that showed no evidence of radiculopathy to the lower extremities from L3 through S1. Also reviewed was a lumbar MRI from January 3, 2013 that showed the L4-5 level to be with disc desiccation, a 2 to 3 millimeter posterior disc bulge with no evidence of central stenosis or neuroforaminal narrowing documented.

IMR DECISION(S) AND RATIONALE(S)

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

1. L4-5 fisom and decompression is not medically necessary and appropriate.

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), Chapter 12, Surgical Considerations, page 305-306, which is part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, page 307, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Based on the CA ACOEM Guidelines surgical fusion at the requested level is not indicated. The treating physician indicated he would need to perform a wide resection at the requested level. The claimant's clinical imaging does not support the role of surgical process. The MRI scan demonstrated a 2 millimeter disc bulge with no evidence of foraminal or canal stenosis in January 2013. This was coupled with January 2013 electrodiagnostic studies that were negative for radiculopathy. The failure to document a clear understanding of compressive etiology at the requested surgical level would fail to necessitate the surgery at this time.

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]

CM13-0012105