

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]
[REDACTED]

Dated: 12/19/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/8/2013
Date of Injury: 3/3/2012
IMR Application Received: 8/16/2013
MAXIMUS Case Number: CM13-0012176

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: PARTIAL OVERTURN. This means we decided that some (but not 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, has a subspecialty in Spine Surgery and is licensed to practice in Montana, Tennessee, and Texas. 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 40-year-old male who reported an injury on 03/03/2012. The patient is noted to have a diagnosis of severe spinal stenosis and radiculopathy. The patient has been recommended for L3-S1 posterior spinal fusion and decompression. The patient has electrodiagnostic evidence of bilateral chronic active L4-5 radiculopathy. The patient has MRI findings of a 4 to 5 mm posterior disc extrusion with annular tear at L3-4 as well as a 5 to 6 mm anterior disc protrusion/extrusion with encroachment on the anterior longitudinal ligament as well as compromise of the traversing nerve roots bilaterally. The patient was noted to have a 4 to 5 mm posterior and anterior disc protrusion at L4-5 with compromise of the traversing nerve roots, encroachment on the anterior longitudinal ligament and acquired spinal stenosis. The patient had no pathology at L5-S1 regarding disc bulge or stenosis. The patient has been previously treated with therapy, medication management and epidural steroid injections. On examination, the patient is noted to have an antalgic gait, 4+/5 bilateral lower extremity strength, trace reflexes throughout, a positive bilateral straight leg raise and diminished sensation in the right L4, L5 and S1 dermatomal distributions. The most recent note on 09/19/2013 recommended the patient for a lumbar laminectomy at L3-4 and L4-5.

IMR DECISION(S) AND RATIONALE(S)

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

1. Lumbar laminectomy 1 vertebra segmental-unilateral/bilateral is medically necessary and appropriate.

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 12, pages 305-306.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Chapter 12, pages 305-306, which are part of the MTUS.

The Physician Reviewer's decision rationale:

ACOEM Guidelines recommend 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 contains 2 different surgical treatment plans. The neurosurgical consultation with Dr. [REDACTED] recommended the employee for L3-S1 decompression and fusion. However, the most recent note from Dr. [REDACTED] recommended the employee for L3-4 and L4-5 laminectomy and foraminotomies. However, the current question is for a lumbar laminectomy. The employee does have severe and disable lower leg symptoms consistent with MRI findings and neurological deficits on physical examination. **The request for lumbar laminectomy 1 vertebra segmental-unilateral/bilateral is medically necessary and appropriate.**

2. Lumbar laminectomy 1 vertebra segmental-unilateral/bilateral, each additional level is medically necessary and appropriate.

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 12, pages 305-306.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Chapter 12, pages 305-306, which are part of the MTUS.

The Physician Reviewer's decision rationale:

ACOEM Guidelines recommend 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 contains 2 different surgical treatment plans. The neurosurgical consultation with Dr. [REDACTED] recommended the employee for L3-S1 decompression and fusion. However, the most recent note from Dr. [REDACTED] recommended the employee for L3-4 and L4-5 laminectomy and foraminotomies. However, the current question is for a lumbar laminectomy. The employee does have severe and disable lower leg symptoms consistent with MRI findings and neurological deficits on physical examination. **The request for lumbar laminectomy 1 vertebra segmental-unilateral/bilateral, each additional level is medically necessary and appropriate.**

3. Lumbar lamintomy with decompression; 1 interspace is medically necessary and appropriate.

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 12, pages 305-306.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Chapter 12, pages 305-306, which are part of the MTUS.

The Physician Reviewer's decision rationale:

ACOEM Guidelines recommend 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 contains 2 different surgical treatment plans. The neurosurgical consultation with Dr. [REDACTED] recommended the employee for L3-S1 decompression and fusion. However, the most recent note from Dr. [REDACTED] recommended the employee for L3-4 and L4-5 laminectomy and foraminotomies. However, the current question is for a lumbar laminotomy. The employee does have severe and disabling lower leg symptoms consistent with MRI findings and neurological deficits on physical examination. **The request for lumbar laminotomy with decompression; 1 interspace is medically necessary and appropriate.**

4. Injection spinal anesthetic is not medically necessary and appropriate.

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 12, pages 305-306.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Chapter 12, pages 305-306, which are part of the MTUS.

The Physician Reviewer's decision rationale:

The documentation submitted for review does not specify the type of spinal anesthetic injection. The request for a lumbar decompression at L3-5 has been authorized. There is a lack of sufficient description of the proposed treatment. **The request for injection spinal anesthetic is not medically necessary and appropriate.**

5. Fluoroscopic guidance for spine injection is not medically necessary and appropriate.

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 12, pages 305-306.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Chapter 12, pages 305-306, which are part of the MTUS.

The Physician Reviewer's decision rationale:

As the requested injection for spinal anesthetic is non-certified, the request for fluoroscopic guidance for the injection is likewise non-certified. **The request for fluoroscopic guidance for spine injection is not 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]

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