

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/20/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 8/2/2013  
Date of Injury: 11/28/2012  
IMR Application Received: 8/16/2013  
MAXIMUS Case Number: CM13-0012287

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, is Fellowship Trained in Spine 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 to his low back on 11/28/2013 when he was carrying a table and walking. He is diagnosed with chronic lumbosacral strain and advanced degenerative disc disease at L4-5 with mild central canal stenosis. He reported he continued to work and his pain worsened. He is noted to have treated conservative with physical therapy and chiropractic therapy with little improvement. He underwent a MRI which showed degenerative disc/joint disease of the lumbar spine at multiple levels. He underwent electrodiagnostic studies which were normal. The patient continued to complain of low back pain but denied any radicular symptoms, and on physical exam, the patient had no neurological deficits.

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

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

**1. Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace( other than for decompression), single interspace; lumbar is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12) , Surgical Considerations, which is part of the MTUS, and the Official Disability Guidelines, Low Back 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) , page 307, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The employee reported an injury to the low back on 11/28/2012 while carrying a heavy cable and developed low back pain. The employee is noted to have undergone an MRI of the lumbar spine on 01/15/2013 which noted disc desiccation and narrowing at the L4-5 level with a 3 mm diffuse bulge with lateral spondylosis and hypertrophic changes in the medial facet joints creating a dorsolateral compromise of the thecal sac with minimal spinal stenosis. There was minimal bilateral foraminal stenosis. The employee reported to continue to complain of low back pain which was rated 7/10 with some popping sound in the back. The employee is reported to have full range of motion without a limp, list, or pelvic obliquity. The lumbar lordotic curvature was preserved. There were no muscle spasms present. The employee was able to toe and heel walk. Neurological exam noted no motor weakness and sensory exam noted no abnormalities. Reflex testing noted knee jerks and ankle jerks to be 1 and equal. The employee had negative straight leg raises. However, the employee is not known to have undergone a decompression, there is no indication that the employee will have instability at the L4-5 level, and there is no documentation of physical exam findings that would support the need for surgical treatment of spinal stenosis. **The request for arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar is not medically necessary and appropriate.**

## **2. Inpatient hospital stay is not medically necessary and appropriate.**

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

The Physician Reviewer based his/her decision on the Official Disability Guidelines, Low back Chapter, Hospital length of stay, 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.**

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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