

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/18/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/1/2013  
Date of Injury: 9/1/1999  
IMR Application Received: 7/27/2013  
MAXIMUS Case Number: CM13-0012389

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 Surgeon, has a fellowship trained in Spine Surgery and is licensed to practice in Texas, Tennessee, and Montana. 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:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

### CLINICAL CASE SUMMARY

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

This patient is a 58-year-old male who reported an injury on 09/01/1999. The mechanism of injury is indicated as continuous trauma to the low back. Medications currently prescribed to the patient include OxyContin 40 mg, Dilaudid 4 mg, Ambien CR 12.5 mg, and lisinopril 10 mg. Surgical history includes unspecified right hand surgeries, right ankle surgery, bilateral knee surgery, and shoulder surgery, dates were not provided. Diagnostic studies include an MRI of the lumbar spine completed on 04/09/2012, which revealed lumbar spondylosis, multilevel bulging disc/osteophyte, which was noted to be similar to a prior MRI with central canal stenosis greatest at the L4 level and multilevel foraminal stenosis greatest at the L5-S1 and L4-5 levels. Other therapies for the patient include epidural steroid injections completed on 03/22/2012, 04/02/2012, and 02/04/2013, as well as formal physical therapy, activity modification, and medication management.

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

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

**1. Lumbar laminectomy at L4-5 & S1 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), Table 2, which is part of MTUS.

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

The Physician Reviewer's decision rationale:

The MTUS/ACOEM guidelines indicate that the recommendation for surgical consultation for individuals with severe and disabling lower leg symptoms in a distribution consistent with

abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise, as well as activity modification due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms, and clear clinical, imaging, and electrophysiologic evidence of a lesion shown to benefit in both the short and long-term from surgical repair, as well as failure to conservative treatments to resolve disabling radicular symptoms. The most recent clinical notes submitted for review indicate the last evaluation of the employee was completed on 08/01/2013. The clinical notes indicated the employee was status post several right S1 selective nerve root blocks and lumbar epidural steroid injections at L5-S1. The most recent injection administered on 02/04/2013 allowed the employee to have more function and made the employee's pain more tolerable. During the evaluation, the employee reported that back symptoms were essentially unchanged and there was moderate to severe pain of the low back, with radiating symptoms down the right leg and left leg to the left sacro-iliac (SI) joint and the right foot. Additionally, the employee had complaints of numbness to the left foot, which was noted to be a new finding. Physical examination of the lumbar spine revealed 80 degrees of forward flexion, extension to 30 degrees, lateral flexion to 35 degrees bilaterally, and rotation bilaterally at 35 degrees. Straight leg raise was noted to be negative bilaterally, with motor examination of the muscle groups revealing 5/5 strength bilaterally. Reflexes were 1+ at the bilateral knees and ankles. Clonus was negative bilaterally and sensory examination was normal to pinwheel testing and light touch. However, this was noted as standing contrast to an addendum report on the same date, which indicates the employee was unable to stand erect, walked with an antalgic gait, and had complaints of moderate pain to palpation of the paraspinal muscles bilaterally of the lower back. The employee was noted to have bilateral reflexes at 2+ to the knees and ankles, and paresthesia to the right foot. While the MRI results indicates the employee had significant findings of lumbar spondylosis, multilevel central canal stenosis greatest at the L4 level, with multilevel foraminal stenosis greatest at L5-S1 and L4-5 levels. There is a discrepancy in the clinical examination findings noted on 08/01/2013 and an unsigned report addendum on 08/01/2013. There are no noted paresthesias in a particular dermatomal distribution and the employee is noted to have 5/5 motor strength bilaterally. Furthermore, the employee has full range of motion noted for the lumbar spine and intact sensation to pinwheel testing and light touch. While there is noted palpatory tenderness at L4-5 and L5-S1, clinical notes in the addendum report identify spasms of the lower back, while the clinical findings indicate no evidence of spasms appreciated. Given the above, the request for lumbar laminectomy at L4-5 and L5-S1 is not certified. **The request for Lumbar laminectomy at L4-5 & S1 is not medically necessary and appropriate.**

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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.

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