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Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

292
[redacted]

Dated: 12/31/2013

IMR Case Number:	CM13-0015274	**Date of Injury:**	07/01/2010
Claims Number:	[redacted]	**UR Denial Date:**	08/14/2013
Priority:	STANDARD	**Application Received:**	08/22/2013
Employee Name:	[redacted]		
Provider Name:	[redacted]		
Treatment(s) in Dispute Listed on IMR Application:			
BILATERAL LAMINOTOMIES AT L2-L3, INCLUSIVE OF PRE-OP MEDICAL CLEARANCE			

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 58 year old male injured in a work related accident July 1, 2010 sustaining an injury to the low back. The clinical records indicate the claimant was in a motor vehicle accident where he was rear-ended by another motorist in traffic sustaining an acute shoulder neck, upper and lower lumbar injury, specific to his low back. The records indicate a prior surgical history on March 26, 2012 lumbar fusion performed posteriorly at three levels L3-4 through L5-S1. The recent clinical records include August 1, 2013 progress report by Dr. [redacted] indicating ongoing complaints of low back pain for which recent epidural steroid injections did not help in terms of relief. He continues to be with right shin pain and a burning sensation. Objectively there is diminished range of motion about the lumbar spine with tenderness to palpation, decrease sensation bilaterally and left greater than right L2 dermatomal distribution. It states nonoperative treatment has not been beneficial. Surgical intervention in the form of bilateral laminectomies at the L2-3 level were recommended for further care. The recent treatment includes June 24, 2013 electrodiagnostic study report that showed no evidence of radiculopathy, neuropathy of plexopathy. The recent lumbar MRI May 17, 2013 showed fusion changes L3 through S1 at the L2-3 level to be with progressive spinal stenosis with minimal disc bulging.

IMR DECISION(S) AND RATIONALE(S)

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

1. Bilateral laminotomies at L2-L3, inclusive of pre-op medical clearance is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Guidelines, pages 305-307, which are part of the MTUS.

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

The Physician Reviewer's decision rationale:
Based on the CA MTUS criteria the requested surgery at the L2-3 level is not supported. The claimant's clinical records fail to demonstrate evidence of compressive findings with recent electrodiagnostic studies being negative. The absence of compressive findings on imaging coupled with normal electrodiagnostic studies would not support a medical necessity for the proposed surgery for a diagnosis of stenosis.

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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CM13-0015274