

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/26/2013
Date of Injury:	4/22/1994
IMR Application Received:	8/30/2013
MAXIMUS Case Number:	CM13-0018645

- 1) MAXIMUS Federal Services, Inc. has determined the request for **decompression and fusion L4-5 and L5-S1 is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/30/2013 disputing the Utilization Review Denial dated 7/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **decompression and fusion L4-5 and L5-S1 is medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgeon, has a subspecialty 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 Expert 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

This is a 74-year-old female with a reported date of injury of 04/22/1994. On 01/14/2011, she was seen in clinic with continued complaints of low back pain. Mechanism of injury was not specifically described by the records. On exam, she was able to arise from the chair utilizing the armrest for support and walked with a slightly forward flexed posture. On 12/10/2012, an MRI of the lumbar spine revealed grade I anterolisthesis of L4-5 measuring 4 mm. There was also severe bilateral facet arthropathy with thickening of the ligamentum flavum and unroofing of the disc with a 4 mm broad-based posterior disc bulge. There was severe spinal canal stenosis with a trefoil appearance of the thecal sac with moderate to severe left and moderate right neural foraminal stenosis. At L5-S1, there was moderate to severe bilateral facet arthropathy with thickening of the ligamentum flavum causing moderate bilateral neural foraminal stenosis and the spinal canal was patent at that time. On 08/30/2013, she returned to clinic and continued to have lumbar spinal stenosis with severe bilateral neuropathy. On exam, she was able to arise from a chair using the arm rests for support and sitting straight leg raise continued to elicit back pain bilaterally. She also walked with a forward flexed posture and was unable to stand erect. Diagnosis included neurogenic claudication secondary to lumbar spinal stenosis and spondylolisthesis at L4-5 with degenerative disc disease at L5-S1, fluid retention, and obesity. She was refilled on OxyContin and Percocet at that time. It was noted that Celebrex contributed to fluid retention. Plan at this time was to proceed with decompression and fusion at L4-5 and L5-S1.

### **Documents Reviewed for Determination:**

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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
  - Claims Administrator
  - Employee/Employee Representative
  - Provider

### **1) Regarding the request for decompression and fusion L4-5 and L5-S1:**

#### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ACOEM Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 12, pg. 307, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12) pgs. 305-307, which is part of the MTUS.

#### Rationale for the Decision:

MTUS/ACOEM Guidelines indicate prior to undergoing surgical intervention, psychosocial evaluation should be performed to address confounding issues. Additionally, in describing management of spinal stenosis, MTUS/ACOEM guidelines indicate surgical treatment for spinal stenosis is usually complete laminectomy. The records do not indicate bowel or bladder dysfunction at this time. Furthermore, in discussing surgical interventions to the low back in general, the guidelines indicate there should be failure of conservative treatment to resolve disabling radicular symptoms. The employee, however, has critical, severe spinal stenosis with a grade I spondylolisthesis as well as severe facet arthropathy. The MTUS/ACOEM Guidelines, in discussing spinal stenosis, states "Some evidence suggests that patients with moderate to severe symptoms may benefit more from surgery than from conservative treatment." The medical records provided for review indicate this employee warrants a laminectomy and fusion, and further conservative care will not substantially improve the employee's condition, as this is a bone issue for which injections and therapy will not make a clinical difference at this point. Surgical intervention should not be pended for further conservative care or psychosocial evaluation. **The request for decompression and fusion L4-5 and L5-S1 is medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/hs

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