

## Independent Medical Review Final Determination Letter

1232

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

Dated: 12/18/2013

<b>IMR Case Number:</b>	CM13-0018810	<b>Date of Injury:</b>	05/24/2011
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	08/30/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]	MD	
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
L1-2 AND L2-3 EXTREME LATERAL INTERBODY FUSION			

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]  
[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 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 60-year-old female with date of work-related injury 05/24/2011. The mechanism of injury was not documented. There are current complaints of low back pain. The most recent clinical assessment dated 08/14/2013, with [REDACTED] MD, indicated low back pain with radiating pain to the proximal thighs. Physical examination findings demonstrated restricted lumbar range of motion with tenderness over the paravertebral muscles, 5/5 motor strength of the lower extremities, and no neurologic deficit to sensation. The patient's working diagnosis was that of L1-3 degenerative disc disease with radiculopathy. Previous testing included electrodiagnostic study reported 12/05/2012 showing mild chronic bilateral lumbar radiculopathy with "slightly increased spontaneous activity" at the right and left L1-3 levels. Formal imaging reports are not documented. At present, there is a request for a 2 level L1-2 and L3-4 lumbar fusion for further definitive care. The treating physician indicated radiographs revealed advanced degenerative arthrosis at L1-2 and L2-3, as well as evidence of a grade I L5-S1 spondylolisthesis. The request was previously denied by utilization review dated 08/26/2013 citing lack of physical examination findings or clear imaging to support a surgical process.

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

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

### **1. The L1-2 and L2-3 extreme lateral interbody fusion is not medically necessary and appropriate.**

The Claims Administrator based its decision on the California MTUS/ACOEM Guidelines, 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), pgs. 305-307, which is part of MTUS.

The Physician Reviewer's decision rationale:

Based on the MTUS/ACOEM Guidelines, 2 level lateral interbody fusion at L1-2 and L2-3 levels would not be supported. According to the medical records provided for review, the employee's physical examination fails to demonstrate specific radicular process at the levels of surgical request. There is also a lack of documentation of imaging demonstrating neurocompressive process or instability at the L1-2 and L2-3 level to warrant a 2 level lumbar procedure. The surgical request in question would not be supported. **The request for L1-2 and L2-3 extreme lateral interbody fusion is not medically necessary and appropriate.**

/reg

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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