

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/5/2013

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

[REDACTED]

Date of UR Decision:

7/17/2013

Date of Injury:

11/17/2009

IMR Application Received:

8/14/2013

MAXIMUS Case Number:

CM13-0019677

- 1) MAXIMUS Federal Services, Inc. has determined the request for microlumbar decompression left L4-5 **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/30/2013. 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 microlumbar decompression left L4-5 **is not 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 Surgery and is licensed to practice in New Hampshire, New York and Washington. 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:**

47 yo male out of work since 2009 and has shoulder, neck and back pain. He also has leg symptoms. He has had back exercise therapy, chiropractic care and medication therapy. He has an mri of the lumbar spine that shows multiple levels of lumbar degeneration and L3-4 severe stenosis, moderate lateral recess stenosis at L4-5. Physical exam does not demonstrate specific neurologic findings limited to the L5 nerve root. At issue is the medical necessity of L4- lumbar decompressive surgery

### **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 Records from Claims Administrator and Provider
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for microlumbar decompression left L4-5:**

#### 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 Medicine Practice Guidelines, 2<sup>nd</sup> Edition, 2004 – pp. 308-310, which is part of the MTUS; and the ODG Low Back, Microdiscectomy and Discectomy/Laminectomy sections, which are not part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Chapter 12: Low Back Complaints, Page 305, which is part of MTUS; and the following articles: Boswell MV, Trescot AM, Datta S, et al. Interventional techniques: evidence-based practice guidelines in the management of chronic spinal pain. American Society of Interventional Pain Physicians. Pain Physician. 2007 Jan;10(1):7-111.; Boswell MV, Shah RV, Everett CR, et al. Interventional techniques in the management of chronic spinal pain: evidence-based practice guidelines. Pain Physician. 2005 Jan;8(1):1-47.; and Schulte TL, Bullmann V, Lerner T, et al. Orthopade. Lumbar Spinal Stenosis. 2006 Jun;35(6):675-92; quiz 693-4. Review. German., which are not part of the MTUS.

Rationale for the Decision:

This employee has a history of chronic back, shoulder and neck pain. There is some leg pain, but not a documented L5 nerve root predominant neurologic deficit. Also, the MRI does not demonstrate severe L4-5 stenosis. It shows L3-4 severe stenosis. L4-5 decompression is not likely to relieve this employee's back and leg symptoms. It is also not medically appropriate as the symptoms do not correlate with this level and it is not the level with severe stenosis. L4-5 laminectomy is not medically necessary in this patient whose symptoms are not specifically related to the L4-5 level. Surgery is not more likely to be effective in alleviating this employee's back and leg pain than more conservative nonoperative measures. **The request for microlumbar decompression left L4-5 is not 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

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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.