
Notice of Independent Medical Review Determination

Dated: 8/19/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/8/2013
Date of Injury: 12/20/2008
IMR Application Received: 7/8/2013
MAXIMUS Case Number: CM13-0001003

- 1) MAXIMUS Federal Services, Inc. has determined the request for revision, decompression and multilevel fusion lumbar surgery **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/8/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/9/2013. 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 revision, decompression and multilevel fusion lumbar surgery **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 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 8, 2013:

“Per referral, the claimant is 52 year old female with date of injury of 12/20/08.

“Per AME dated 3/26/13, the claimant complains of neck, upper extremity, hand, wrist, low back, right hip, leg and foot pain. MRI of lumbar spine on 4/29/09 reported to reveal degenerative changes, spondylolisthesis along with small disc bulge and mild neural foraminal stenosis. EMG in 8/10 reported to reveal right chronic L5 denervation/radiculopathy. MRI 9/1/10 reported 9/1/10 reported to reveal multiple disc bulges, foraminal narrowing and facet joint hypertrophy as well as anterolisthesis L5-S1. 9/8/10 treated with lumbar epidural injection with 50% relief. Patient underwent right L3-4 and L5-S1 hemilaminectomy/microdecompression surgery on 5/6/11. Examination of right/left shoulder reveals no deformity and negative impingement, I and II signs. Examination of shoulders reveals ROM forward flexion 180, abduction 180, external rotation 120, internal rotation 105, internal rotation posteriorly to L1, extensions 60 and adduction 60 degrees bilaterally. Examination of upper extremities reveals sensation is intact to pinprick and light touch in all dermatomes. Examination of lumbosacral spine reveals straight leg raise provoke pain at 80 degrees bilaterally and negative Laseque and Fabere bilaterally. X-ray of lumbosacral spine reported to reveal moderately advanced narrowing was noted at L5-S1 and L3-L4, moderate narrowing was noted at L4-5, grade I spondylolisthesis was again noted at the lumbosacral junction unchanged and no evidence of soft tissue calcification. X-ray of AP pelvis reveals hip joints and sacroiliac joints are well maintained with no evidence of fracture or dislocation of soft tissue calcification. Recommendation for revision of lumbar surgery is indicated due to ongoing complaints of extremely high grade pain refractory to all measures of conservative treatment with instability segment.”

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 for Independent Medical Review (received 7/8/13)
- Utilization Review Determination (dated 7/8/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, pages 305-306, Surgical Considerations
- Medical Records from [REDACTED] (dated 1/17/13-6/20/13)
- Medical Records from [REDACTED] (dated 6/28/12-12/13/12)
- Agreed Medical Examination from [REDACTED], MD (dated 3/26/13)
- Progress notes from [REDACTED], MD (dated 2/28/13)
- Urological Consultation Report from [REDACTED], M.D., PH.D. [REDACTED] (dated 11/2/12)
- Medical Records from [REDACTED] (dated 10/29/13)
- Supplemental Medical-Legal Report from [REDACTED], MD (dated 10/23/12)
- Pre-cert request, letter of medical necessity and appeal request from [REDACTED] [REDACTED] (dated 7/19/12-9/14/12)
- PR2 reports from [REDACTED], MD (dated 7/17/12-7/2/13)
- Request for authorization from [REDACTED], MD (dated 4/23/13)
- QME findings summary report from [REDACTED], MD (dated 5/31/13)
- MRI Lumbar Spine report (dated 9/3/10)
- Operative report from [REDACTED] (dated 8/14/12)

1) Regarding the request for revision, decompression and multilevel fusion lumbar surgery :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), part of the Medical Treatment Schedule (MTUS) and the Official Disability Guidelines (ODG) (updated version), Low Back – Lumbar and Thoracic Chapter, Fusion (spinal) section, a Medical Treatment Guideline (MTG) not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work related injury on 12/20/2008. An MRI performed on 9/01/2010 revealed multiple disc bulges, foraminal narrowing and facet joint hypertrophy, as well as an anterolisthesis at L5-S1. A medical report dated 3/26/13 notes intact reflexes in the patella and Achilles, and diminished sensation to the left calf. A request was submitted for revision, decompression and multilevel fusion lumbar surgery.

ACOEM guidelines state a referral for surgical consultation is indicated after a failure of conservative treatment and psychological screening should be considered before surgical intervention to improve surgical outcomes. The medical records reviewed do not indicate a failed course of conservative therapy and there was no evidence of a psychological evaluation. The request for revision, decompression and multilevel fusion lumbar surgery **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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
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