
Notice of Independent Medical Review Determination

Dated: 9/25/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/10/2013

10/10/2012

7/17/2013

CM13-0001740

- 1) MAXIMUS Federal Services, Inc. has determined the request for right L5-S1 discectomy **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/17/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 L5-S1 discectomy **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, has a subspecialty in 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 10, 2013:

"According to the medical records, the patient is a 37 year-old male deputy probation officer who sustained an industrial injury on October 10, 2012. The patient presented for a neurosurgical consultation on May 22, 2013 with Dr. [REDACTED]. As per the report, the patient had sudden onset of pain in the right buttocks traveling down the leg to the ankle. The patient attended physical therapy and had 24 traction treatments. The pain was largely gone, but continued to have cramping in the right calf and numbness in her right hamstring, calf, and foot with recently described atrophy in the calf. Upon examination, it is negative straight leg raise. Motor exam reveals he is able to plantar flex his weight on the right side than left, but was unable to do it initially when he was initially seen by Dr. [REDACTED]. He has an absent right ankle reflex and numbness in the right S1 dermatome that is moderate. He has no numbness or reflex findings in the left leg. There is no weakness in the left leg and no weakness in the right L5 or L4 myotome. The patient was recommended a repeat MRI of the lumbar spine. An MRI of the lumbar spine was performed on June 14, 2013 demonstrating "after initially diminishing in size between 10/25/12 and 12/11/12. the right-sided protrusion at L5-S1 has a similar appearance, perhaps having decreased slightly. There is persistent contact and slight posterior displacement of the right S1 nerve root in the lateral recess. Other lumbar levels are normal and unchanged." According to a medical report by Dr. [REDACTED] dated June 26, 2013, the patient has had gradual to slight improvement in strength on the right, but it is a slow process. He still notices some numbness in the distribution of the right S1 nerve root, but he does not describe any significant pain in the lower back or in the distribution of the right S1 nerve root. Upon examination, there is visible atrophy with decreased muscle tone in the right calf. He is able to stand on the balls of his feet. He has some weakness in doing so on the right. There is decreased sensation in the

right S1 dermatome on the lateral aspect of the foot. Motor power testing of the lower extremity shows slight weakness to plantar flexion. The patient was diagnosed with a right S1 radiculopathy. The patient was referred back to Dr. [REDACTED]. The patient presented for a neurosurgical consultation on June 28, 2013 with Dr. [REDACTED]. As per the report, the patient's MRI findings were reviewed. The patient has persistent, moderate complaints of weakness, numbness, and pain that might benefit from even delayed decompression. The patient was recommended a right L5-S1 discectomy."

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 7/17/2013)
- Utilization Review Determination (dated 7/10/2013)
- Medical Records provided by the claims administrator
- Medical Treatment Utilization Schedule

1) Regarding the request for Right L5-S1 discectomy:

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 Complaint Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pg. 305-306, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines 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 October 10, 2012, resulting in an onset of pain in the right buttocks radiating down the leg to the ankle. The medical records provided for review indicate a diagnosis of a right S1 radiculopathy. Treatments have included conservative care involving medications, activity modification, epidural injections and a short course of physical therapy. The request is for L5-S1 discectomy

The MTUS ACOEM guidelines discuss the indications for surgical referrals for patients who have severe and disabling lower leg symptoms that are consistent with abnormalities on imaging with signs of neural compromise. However, the medical records provided for review does not reveal progressive neurologic deficit, instead the medical records indicate neurological symptoms are improving. The request for L5-S1 discectomy **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
1515 Clay Street, 18th Floor
Oakland, CA 94612

/mbg

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.