

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

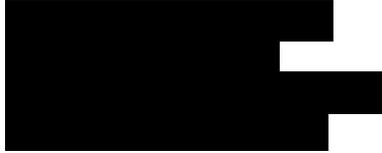
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Notice of Independent Medical Review Determination

Dated: 10/29/2013



Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:



7/11/2013

7/10/2012

7/23/2013

CM13-0002744

- 1) MAXIMUS Federal Services, Inc. has determined the request for Laminectomy/Discectomy L5-S1 **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/23/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. 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 Laminectomy/Discectomy 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 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 Utilization review determination did not have a clinical summary.

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 07/23/2013)
- Utilization Review Determination from [REDACTED]
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request Laminectomy/Discectomy L5-S1:

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), low back pains, pg. 306, which is part of the Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) (2009), which is not part of the Medical Treatment Utilization Schedule (MTUS). 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 7/10/2012, resulting in injury to the left lower extremity and lower back. The medical records provided for review indicate treatments have included a course of physical therapy, medication

regimen, which includes Norco, ibuprofen, and Flexeril, Toradol injections, without resolve. The request is for Laminectomy/Discectomy L5-S1.

MTUS/ACOEM guidelines indicate that laminectomy is a direct method of nerve root decompression. Review of the clinical documentation provided evidences the employee has utilized a course of physical therapy, medication regimen, which includes Norco, ibuprofen, and Flexeril, Toradol injections, without resolve of her symptomatology. MRI of the lumbar spine dated 10/04/2012 revealed specifically at the L5-S1 level a 3 mm to 4 mm disc bulge at the L5-S1, it did not cause central spinal stenosis; however, it did intrude slightly upon the bilateral L5 neural foramina causing mild narrowing a slight compression or touching of the bilateral L5 nerve roots in the neural foramina. Left-sided neural foramina appear more narrowed than the right per the study. Conservative treatment had been exhausted, to include medication, physical therapy, and 2 epidural steroid injections without resolve of the employee's symptomatology. The clinical notes evidence upon physical exam of the patient positive straight leg raising to the left at 60 degrees was noted with 4/5 weakness at the left EHL with diminished sensation in the L5 dermatome. Given that documentation indicates this employee has significant motor strength deficits to the left lower extremity, sensation deficits, and significant pain complaints with imaging study evidence of nerve root involvement due to pathology at the L5-S1 level, the current request is supported by guideline criteria. The submitted documentation indicates the employee has utilized all lower levels of conservative treatment, to include physical therapy, medication regimen, activity modifications, with the exception of epidural steroid injections. Guidelines document drug therapy requiring at least 1 of the following: (1) NSAID drug therapy, (2) other analgesic therapy, (3) muscle relaxant, and (4) epidural steroid injection is indicated prior to surgical interventions. However, as the employee has utilized muscle relaxants, opioids, and NSAIDs for pain complaints, the exception of having not undergone epidural steroid injection does not delineate that the employee requires surgical interventions at this point in treatment to the L5-S1 level. The request for Laminectomy/Discectomy 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;

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.