
Notice of Independent Medical Review Determination

Dated: 9/26/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/11/2013

7/29/2010

7/24/2013

CM13-0003132

- 1) MAXIMUS Federal Services, Inc. has determined the request for L4-L5 transforaminal lumbar interbody fusion **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for additional level L5-S1 transforaminal lumbar interbody fusion **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for L4-L5 posterior approach **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for additional level L5-S1 posterior approach **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for fusion with instrumentation L4-S1 **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for 2 day inpatient stay **is not medically necessary and appropriate.**

- 7) MAXIMUS Federal Services, Inc. has determined the request for physical therapy three times per week for six weeks **is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for lumbar back brace **is not medically necessary and appropriate.**
- 9) MAXIMUS Federal Services, Inc. has determined the request for external bone growth stimulator purchase **is not medically necessary and appropriate.**
- 10) MAXIMUS Federal Services, Inc. has determined the request for one box of 4X10 island bandage **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 L4-L5 transforaminal lumbar interbody fusion **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for additional level L5-S1 transforaminal lumbar interbody fusion **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for L4-L5 posterior approach **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for additional level L5-S1 posterior approach **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for fusion with instrumentation L4-S1 **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for 2 day inpatient stay **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for physical therapy three times per week for six weeks **is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for lumbar back brace **is not medically necessary and appropriate.**
- 9) MAXIMUS Federal Services, Inc. has determined the request for external bone growth stimulator purchase **is not medically necessary and appropriate.**
- 10) MAXIMUS Federal Services, Inc. has determined the request for one box of 4X10 island bandage **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 Neurological Surgery, has a subspecialty in Complex 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 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 11, 2013

“According to the medical records, the patient is a 55-year-old male who sustained an industrial injury on 7/29/10. The patient is status post anterior cervical discectomy and instrumented fusion on 8/17/10.

According to a 1/27/12 report by Dr. [REDACTED], the patient had no evidence of significant muscle guarding or spasm, no asymmetric loss of range of motion, and no radicular complaints.

The lumbar MRI report dated 6/6/13 described the following impressions: (1) Probable small hemangiomas of the L3 and L5 vertebral bodies as described. (2) Multilevel degenerative changes of the lumbar spine from L2-3 to the L6-S1 interspace with a large posterior and right paracentral disc protrusion with extrusion at the L4-5 interspace, with moderate to severe effacement of the anterior spinal canal, as described.

According to a 6/27/13 examination by Dr. [REDACTED], the patient has been doing reasonably well with respect to his back, moving along with unspecified conservative care. Examination reveals that the patient is 6 feet tall and 240 pounds, with a BMI of 32.5. There is 3/5 weakness with right dorsi flexion, and 4/5 weakness with bilateral plantar flexion. No atrophy is noted. The patient is able to ambulate without assistance. Sensory examination reveals numbness and tingling mostly in the L5 distribution on the right, and slightly in an S1 distribution bilaterally. Dr. [REDACTED] feels that epidural injections may provide some amount of transient help with respect to the pain the patient is experiencing, but likely would do very little with respect to the weakness that he has, which is quite profound. Given the patient's current functional status, Dr. [REDACTED] does not think that he is able to participate in any physical therapy.”

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 (dated 7/24/2013)
- Utilization Review from [REDACTED]
- Medical records from 8/17/2012 through 7/22/2013
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for L4-L5 transforaminal lumbar interbody fusion:

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), 2004, 2nd Edition, Surgical Considerations, page 305-310, 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 section of the MTUS ACOEM guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the neck and low back on 7/29/2013. According to the submitted and reviewed medical records the employee has had X-Rays, MRIs, surgical fusion in the neck region, physical therapy and pain medications. The most recent medical report, dated 7/22/2013, indicated that the employee had positive orthopedic findings including foot drop, right dorsiflexion weakness, limping due to right leg pain, and difficulty standing the right heel. A request was made for L4-L5 transforaminal lumbar interbody fusion, additional level L5-S1 transforaminal lumbar interbody fusion, L4-L5 posterior approach, additional level L5-S1 posterior approach, fusion with instrumentation L4-S1, 2 day inpatient stay, physical therapy three times per week for six weeks, lumbar back brace, external bone growth stimulator purchase, and one box of 4X10 island bandage.

The MTUS ACOEM guidelines indicate that there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. The medical records reviewed do not identify that there is instability in the spinal segments under surgical consideration. The request for L4-L5 transforaminal lumbar interbody fusion is not medically necessary and appropriate.

2) Regarding the request for additional level L5-S1 transforaminal lumbar interbody fusion:

Rationale for the Decision:

Since the L4-L5 transforaminal lumbar interbody fusion is not medically necessary, none of the associated services are medically necessary and appropriate.

3) Regarding the request for L4-L5 posterior approach:

Rationale for the Decision:

Since the L4-L5 transforaminal lumbar interbody fusion is not medically necessary, none of the associated services are medically necessary and appropriate.

4) Regarding the request for additional level L5-S1 posterior approach:

Rationale for the Decision:

Since the L4-L5 transforaminal lumbar interbody fusion is not medically necessary, none of the associated services are medically necessary and appropriate.

5) Regarding the request for fusion with instrumentation at L4-S1:

Rationale for the Decision:

Since the L4-L5 transforaminal lumbar interbody fusion is not medically necessary, none of the associated services are medically necessary and appropriate.

6) Regarding the request for 2 day inpatient stay:

Rationale for the Decision:

Since the L4-L5 transforaminal lumbar interbody fusion is not medically necessary, none of the associated services are medically necessary and appropriate.

7) Regarding the request for physical therapy three times per week for six weeks:

Rationale for the Decision:

Since the L4-L5 transforaminal lumbar interbody fusion is not medically necessary, none of the associated services are medically necessary and appropriate.

8) Regarding the request for lumbar back brace:

Rationale for the Decision:

Since the L4-L5 transforaminal lumbar interbody fusion is not medically necessary, none of the associated services are medically necessary and appropriate.

9) Regarding the request for an external bone growth stimulator purchase.

Rationale for the Decision:

Since the L4-L5 transforaminal lumbar interbody fusion is not medically necessary, none of the associated services are medically necessary and appropriate.

10) Regarding the request for one box of 4X10 island bandage:

Rationale for the Decision:

Since the L4-L5 transforaminal lumbar interbody fusion is not medically necessary, none of the associated services are 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

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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.