
Notice of Independent Medical Review Determination

Dated: 10/17/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/17/2013
Date of Injury:	7/31/2007
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-3245

- 1) MAXIMUS Federal Services, Inc. has determined the request for X-ray series of the lumbar spine, flexion and extension views **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for consultation with an orthopedic spine surgeon (lumbar) **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/13. 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 X-ray series of the lumbar spine, flexion and extension views **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for consultation with an orthopedic spine surgeon (lumbar) **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The 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 Physical Medicine and Rehabilitation 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 17, 2013:

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Agreed medical re-evaluation report dated 02/08/13 indicates that the claimant complains of frequent dull, aching or sharp, stabbing, burning pain in the right neck, upper back, lower back, right hip, right buttock, and right foot. The claimant has mechanical lower back pain, which has persisted over the years. The claimant also complains of radiating right leg pain and numbness as well as some stiffness in the right hip. Examination of the lumbar spine reveals moderate lumbar paraspinal muscle spasm with limited range of motion. There is moderate tenderness about the lumbosacral junction in the mid-line and sacroiliac joints. There is positive straight leg raising test on the right and left as well as Lasegue's test. There are diminished deep tendon reflexes, 10 percent strength deficit at the extensor hallucis longus of the foot on the right side and numbness in the right leg. The future medical treatment includes additional surgery, manual therapy/massage therapy, minimizing use of medications and modalities, and office visits.

Visit note dated 07/02/13 indicates that the claimant had acute exacerbation of pain that started on 06/30/13. The claimant felt immediate severe sharp pain that started superior to surgical incision line and ran down the spine to the knees. The claimant's neuropathic symptoms including numbness in the buttocks, legs, and feet has returned as well as some

perceived weakness on top of the right foot. The claimant rated the recent pain as 7.5-8/10. Examination reveals hypertonicity, tenderness, spasm, tightness, and trigger point over the lumbar paravertebral muscles. There is also tenderness over the L3, L4, and L5. There is positive straight leg raising test. The ankle and patellar reflexes are 1+. There is also tenderness noted over the posterior iliac spine and sacroiliac spine. There is 4-/5 muscle strength of the right extensor hallucis longus, right ankle dorsiflexor and right ankle plantar flexor with 5-/5 muscle strength of the hip flexors. There is decreased light touch and pinprick sensation over the lateral foot, lateral calf dorsum of foot, and heel on the right side. The provider recommends evaluation and treatment for the lumbar spine, MRI of the lumbar spine with or without contrast, and x-ray of the lumbar spine.

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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 7/25/13)
- Utilization Review Determination from [REDACTED] (dated 7/17/13)
- Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request X-ray series of the lumbar spine, flexion and extension views :

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, Special Studies and Diagnostic and Treatment Considerations, and Assessing Red Flags and Indications for Immediate Referral, page 303, part of the Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG), Low Back Summary, a Medical Treatment Guideline (MTG), not part of the Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer found the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12, page 303 and page 296, part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained an industrial related injury on 7/31/2007. A review of the medical records submitted indicates the employee had a lumbar fusion at L4/5 and L5/S1, and subsequent hardware removal on 8/15/09. The employee was apparently doing well for four years until 6/30/13 when the employee tried to lift a heavy bag and experienced severe pain above the operative site. The provider ordered X-rays including flexion and extension and a referral back to the surgeon. On 7/2/13 the provider found positive SLR, bilaterally, reflexes ¼ at Achilles, and patella and decreases sensation in the right lateral foot, calf, and

heel. There was weakness in right EHL and right dorsiflexors and plantarflexors. The provider stated the X-rays were to rule out instability.

MTUS ACOEM guidelines state “Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management”. The guidelines further state “Physical-examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation”. A review of the submitted medical records indicate that the employee has a history of lumbar surgery x2, and was managing for four years when she had severe pain after attempting lifting a bag. The records indicate positive nerve tension signs, positive sensory and motor findings. The records indicate X-rays were requested to rule out instability due to the prior fusion. The request for an X-ray series of the lumbar spine **is medically necessary and appropriate.**

2) Regarding the request for consultation with an orthopedic spine surgeon (lumbar) :

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), Chapter 7, page 127, a Medical Treatment Guideline (MTG), not part of the Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer found no section of the MTUS to be applicable and relevant to the issue at dispute. The Expert Reviewer found the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, page 127, a Medical Treatment Guideline (MTG), not part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained an industrial related injury on 7/31/2007. A review of the medical records submitted indicates the employee had a lumbar fusion at L4/5 and L5/S1, and subsequent hardware removal on 8/15/09. The employee was apparently doing well for four years until 6/30/13 when the employee tried to lift a heavy bag and experienced severe pain above the operative site. The provider ordered X-rays including flexion and extension and a referral back to the surgeon. On 7/2/13 the provider found positive SLR, bilaterally, reflexes ¼ at Achilles, and patella and decreases sensation in the right lateral foot, calf, and heel. There was weakness in right EHL and right dorsiflexors and plantarflexors. The provider stated the X-rays were to rule out instability.

MTUS ACOEM guidelines state “The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification.

Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient." The medical records provided indicate the employee has a history of lumbar surgery x2, and was managing for four years when the employee had severe pain after attempting lifting a bag. The records indicate positive nerve tension signs, positive sensory and motor findings. The records indicate the physician stated he wanted the opinion of the original surgeon who performed both surgeries. Given the neurologic symptoms and mechanism of onset, the request for a consultation with an orthopedic spine surgeon (lumbar) **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

/db

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.