

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/15/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	10/22/2011
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004013

- 1) MAXIMUS Federal Services, Inc. has determined the request for **posterior segmental instrumentation** is not medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **3 to 6 vertebral segments** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 **posterior segmental instrumentation** is not medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **3 to 6 vertebral segments** 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.

Expert Reviewer Case Summary:

The patient is a 30-year-old female who reported a work-related injury on 10/22/2011, specific mechanism of injury not stated. Subsequently, the patient underwent a discectomy at the L5-S1 for a large disc herniation on 02/21/2012. MRI of the lumbar spine dated 09/08/2012 signed by Dr. [REDACTED] revealed: (1) a 1.5 mm central posterior disc protrusion/extrusion at T10-11 indenting the anterior aspect of the thecal sac; (2) there was a mild to moderate degree of central stenosis at T11-12 level secondary to a combination of short AP diameter of the spinal canal and 3 mm central posterior disc protrusion causing pressure over the anterior aspect of the theca sac; (3) there was a 1 mm broad based posterior disc bulge at T12-L1 level indenting the anterior aspect of the thecal sac; (4) there was a 1 mm broad based posterior disc bulge at L1-2 level indenting the anterior aspect of the thecal sac; (5) there is a 1 mm broad based posterior disc bulge at L2-3 level indenting the anterior aspect of the thecal sac; (6) there was a 1 mm broad based posterior disc bulge at L3-4 level indenting the anterior aspect of the thecal sac; (7) there was a disc desiccation at L4-5 level with suggestion of an annular fissure in the posterior aspect of the disc. This level showed moderate degree of central stenosis secondary to combination of hypertrophic changes at the facet joints, hypertrophy of the ligamentum flavum and 3.6 mm broad based posterior disc protrusion causing pressure over the anterior aspect of the thecal sac; and (8) the patient is status post laminectomy of L5. There are hypertrophic changes at the facet joints of L5-S1 level with hypertrophy of ligamentum flavum. There was epidural fibrous granulation tissue posterior to the thecal sac on the left side and to a minimal degree engulfing the left S1 nerve root. There were also some epidural fibrous granulation tissue anterior to the thecal sac and there were mild narrowings of both neural foramina. The patient was seen under the care of Dr. [REDACTED] on 02/21/2013.

The provider documents the patient has exhausted lower levels of conservative treatment for her pain complaints to include physical therapy both land based and aquatic, as well as a medication regimen which includes Norco 5/325 mg 4 tabs by mouth every day, Soma 350 mg 3 times a day as needed, and 3 mg of Lunesta by mouth every at bedtime. The provider documents initially postoperatively the patient experienced improvement of her symptomatology for about 8 months. After that time, the patient redeveloped severe and progressive low back pain that radiates into the left lower extremity. The provider documents since surgery the patient again had undergone treatment with pain medications, judicious activity with periods of rest and postoperative physical therapy. The provider documents the patient denies issues with changes in bowel or bladder function. Upon physical exam of the patient range of motion of the lumbar spine was 50 degrees flexion, 20 degrees extension, 45 degrees right rotation, 45 degrees left rotation, 30 degrees right bending, 30 degrees left bending, and motor strength was noted to be 5/5 throughout with 2+ reflexes throughout the bilateral upper extremities and 1 to 2+ throughout the bilateral lower extremities. The provider documented sensation was decreased along the left lateral calf down into the ankle and left side of the foot. The patient has a slightly positive left straight leg raise with elucidation of left-sided radicular pain. The provider recommended the patient was a surgical candidate for an L4-5, L5-S1 interbody and instrumented fusion. A clinical note dated 07/02/2013 reports a follow-up of the patient with Dr. [REDACTED] who reports the patient's condition continues to worsen. The patient reported moderate incontinence and worsening of back and radicular leg pain to the level of her great toe with great loss of function since her previous assessment as it relates to standing and ambulation. The patient described her back pain at a 9/10.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Provider
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for posterior segmental instrumentation :

Section of the Medical Treatment Utilization Schedule 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 12, page 307, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Surgical Considerations, Lumbosacral Nerve Root Decompression and Spinal Fusion, which is part of the MTUS.

Rationale for the Decision:

The current request previously received an adverse determination on 07/09/2013 due to a peer discussion with the employee's treating provider due to an increase in symptoms and findings that had dramatically increased over the past 2 weeks. The provider documented the employee had a significant change of condition from the previous evaluation performed in 02/2013. The previous peer reviewer documented the risk at this point was that the employee was demonstrating cauda equina syndrome, a devastating complication of disc herniation requiring decompression as soon as possible to avoid permanent damage to the nerves controlling bowel and bladder function. However, it was recommended that a stat MRI of the lumbar spine should be performed to rule out a massive disc herniation at L4-5 or L5-S1 to support the requested operative procedures, as the employee had such a difference of physical exam findings between the 2 providers. However, the clinical notes submitted specifically for this review did not reveal a new MRI of the employee's lumbar spine to support the requested surgical intervention. As the ACOEM Guidelines indicate "disc herniation characterized by protrusion of the central nucleus pulposus through a defect in the outer annulus fibrosus may impinge on the nerve root causing irritation, back and leg symptoms, and nerve root dysfunction." As the clinical notes did not evidence the stat MRI of the lumbar spine that was recommended to have taken place prior to the requested surgical procedure, the request is not supported. As the employee does present with multi level of pathology to the lumbar spine without rule out of the specific pain generator evidenced in addition to a lack of correlation between the 2 providers' physical exam findings. **The request for a posterior segmental instrumentation is not medically necessary or appropriate.**

2) Regarding the request for 3 to 6 vertebral segments :

Section of the Medical Treatment Utilization Schedule 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 12, page 307, which is part of the MTUS.

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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,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/ejf

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.