

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 10/29/2013

[REDACTED]

[REDACTED]

| | |
|---------------------------|--------------|
| Employee: | [REDACTED] |
| Claim Number: | [REDACTED] |
| Date of UR Decision: | 7/19/2013 |
| Date of Injury: | 11/2/2000 |
| IMR Application Received: | 7/29/2013 |
| MAXIMUS Case Number: | CM13-0004166 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for minimally invasive lumbar decompression (M.I.L.D.) at L1-L2 **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 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/6/2013. 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 minimally invasive lumbar decompression (M.I.L.D.) at L1-L2 **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 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 19, 2013:

" Clinical summary: According to a Primary Treating Physician's Progress Report dated 07/11/2013 by Dr. [REDACTED], patient complained of severe pain over lower buttock area. Pain interfered with sleep, activities of daily living, emotions, and function. Patient reported pain over lower back and "on standing" as well as pain, numbness, and tingling in legs and buttocks on walking. Patient felt better and discomfort relieved when banding forward at waist and sit down" The patient needed frequent sitting while walking and felt better on leaning over shopping cart. Patient also complained of lower extremity pain. Pain was constant rated at 5/10 during visit on a good day and 9/10 during a bad day. Previously, pain was at 7/10 during a good day and 9/10 during a bad day" Pain was described at dull/aching, stabbing, cramping, weakness, and spasm. Activity, standing, and walking aggravated pain; while cold, rest, lying down, quiet, sitting, and medication alleviated pain. Patient complained of weakness and depression. Patient had quit smoking since 1970 and does not use alcohol. On examination, the patient weighed 185 pounds, stood 70 inches and had a body mass index (BMI) of 26.64. On examination, patient had diffuse tenderness in the cervical area. Cervical ranges of motion (ROM) were as follows: 45 degrees in forward flexion, right lateral flexion and left lateral flexion: 75 degrees in hyperextension; and 55 degrees in right and left lateral rotation. There was mild diffuse tenderness over the left upper perithoracic region. Patient also had diffuse tenderness over the lumbosacral area" ROM was at 70 degrees in forward flexion and 10 degrees in hyperextension. Patient was positive for sitting straight leg raise, Patrick's maneuver, and Fabere test on right: while patient was only positive for sitting straight leg raise on left Patient had an antalgic gait and was mild kyphotic. Sensation to light touch was decreased in the left upper extremity. Reflex was 1+ in left biceps and left brachioradialis" Patient reported allergy in codeine. The physician planned to continue Norco 10 mg/325 mg 1 by mouth every 4 to 6 hours maximum of 5 per day and Celebrex 100 mg capsule 1 by mouth twice a day. Urine toxicology screen was requested" The patient was counseled regarding medications potential side effects and benefits. Patient was permanent and stationary. Patient reported good pain control from opioid pain medications. Patient also reported increased physical activity, improvement in activities of daily living, mood as well as sleep. Psychosocial evaluation dated 06/30/2010 by Dr. [REDACTED] documented that the patient's depression pattern seemed atypical and had spikes of depression which made the patient question desire to stay alive. The patient stated "I am so tired of this pain wouldn't it be a nice day to die". While there was no active suicidal plan or date, clinical attention was recommended to be given to the

patient's hopelessness and depression based on the statement. Clinical attention was recommended in dealing with the patient's panic feeling about leaving comfort zone which was patient's home. Six psychotherapy pain management sessions were recommended to focus on learning pain management coping tools. The physician opined that this would help develop ways of dealing with acute feelings of being unable to deal with pain which significantly detract the patient's desire to live" The patient was diagnosed with stenosis: lumbar spine with neurogenic claudications; sacroiliac joint dysfunction; facet arthropathy, lumbar: lumbar radiculopathy, right: failed back surgery syndrome; facet arthropathy; thoracic; left upper para thoracic. This is a request for medical necessity of Minimally Invasive Lumbar Decompression (M.I.L.D) at LH2 (CPT codes: 0275T and 2275)."

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 (Claims Administrator, employee/employee, Provider)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for minimally invasive lumbar decompression (M.I.L.D) at L1-L2:

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), Low Back Complaints, pg. 305-307, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG), Low Back Chapter, Discectomy/Laminectomy section, which is a medical treatment guideline that is not part of the 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 was injured on 11/2/2000. The employee experienced severe pain over the lower back area. Treatment to date has included medication and psychotherapy pain management. The request is for minimally invasive lumbar decompression (M.I.L.D) at L1-L2.

The ACOEM Guidelines recommend decompression only when a serious spinal pathology or nerve root dysfunction which is not responsive to conservative therapy is detected. Furthermore, lumbosacral nerve root decompression may be indicated by the guidelines for findings of severe unilateral foot/toe/plantar flexor/hamstring weakness or atrophy. The documentation submitted for review indicates that the employee has pain over the lower back as well as the buttocks area and symptoms of lower extremity pain. However, the official imaging studies of the employee's lumbar spine were not provided in the medical records. Furthermore, notes indicate that the employee has completed conservative treatment with home exercises, moist heat application, and stretching exercises; however, no formal physical therapy was identified prior to the request for

surgery. Additionally, there is a lack of documentation noted on evaluation of the employee indicating a significant neuropathology which may benefit from lumbar decompression. The guideline criteria have not been met. The request for minimally invasive lumbar decompression (M.I.L.D) at L1-L2 **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

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