

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/23/2013
Date of Injury:	1/2/2009
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006895

- 1) MAXIMUS Federal Services, Inc. has determined the request for a pre-operative visit **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a pre-operative medical clearance **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for an assistant surgeon **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/6/2013. 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 a pre-operative visit **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a pre-operative medical clearance **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for an assistant surgeon **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.

Expert Reviewer Case Summary:

The patient is a 31-year-old male who reported work related injury on 01/02/2009 as a result of strain to the lumbar spine. The patient is subsequently status post a spinal interbody fusion as of 09/27/2011. Clinical note dated 09/05/2013 reported the patient presented with the following diagnoses: lumbago, lumbar radiculitis, radiculopathy status post lumbar fusion under the care of [REDACTED], PA-C. Provider documents the patient returned status post spinal cord stimulator trial rendered on 08/13/2013 under the care of Dr. [REDACTED]. The patient reported he was very pleased with the results and reports a significant decrease in muscle spasms when utilizing the stimulator. The patient continues to utilize Soma and tramadol sparingly for pain. The provider documented the patient had trialed and failed several different opioids which caused nausea and vomiting. The provider documented the patient had tried and failed with Nucynta, hydrocodone, oxycodone, and morphine for his pain complaints. The provider documented once the patient had recovered sufficiently from spinal cord stimulator implant, the patient was recommended to undergo a trial of 6 individual cognitive behavioral therapy sessions over 8 to 10 weeks.

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
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for a pre-operative visit:

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 National Guideline Clearinghouse (www.ngc.gov), General assessment, which is not part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Referrals Cornerstones of Disability Prevention and Management. In., pgs. 89-92, which are part of the California Medical Treatment Utilization Schedule (MTUS), and the Official Disability Guidelines (ODG), Low back chapter, Preoperative testing, general, which is not part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

ACOEM guidelines indicate “a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry with treating a particular case because of delayed recovery or has difficulty obtaining information or agreement to a treatment plan.” Official Disability Guidelines indicates “these investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings.” Medical records submitted and reviewed lacked evidence of the employee presenting with any significant comorbidities. The guideline criteria have not been met. **The request for pre-operative visit is not medically necessary or appropriate.**

2) Regarding the request for a pre-operative medical clearance:

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 National Guideline Clearinghouse (www.ngc.gov), General assessment, which is not part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Referrals Cornerstones of Disability Prevention and Management. In., 2nd Edition (2004) - pp. 89-92, which is part of MTUS.

Rationale for the Decision:

ACOEM guidelines indicate “a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry with treating a particular case because of delayed recovery or has difficulty obtaining information or agreement to a treatment plan.” Preoperative clearance would be part of the admission process and does not require a separate authorization. Medical records submitted and reviewed lacked evidence of the employee presenting with any significant comorbidities. **The request for a pre-operative medical clearance is not medically necessary and appropriate**

3) Regarding the request for an assistant surgeon:

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 Blue Cross and Blue Shield, Co-Surgeon, Assistant Surgeon, Team Surgeon and Assistant-at-Surgery Guidelines, which are not part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers’ Compensation, the Expert Reviewer based his/her decision on Physicians As Assistants 2011.

Rationale for the Decision:

Review of Physicians as Assistants 2011 indicates, “almost always,” surgical assistant is utilized for this procedure. **The request for an assistant surgeon 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,

Paul Manchester, MD, MPH
Medical Director

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

/slm

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.