

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: 11/8/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/30/2013
Date of Injury: 9/24/2010
IMR Application Received: 8/5/2013
MAXIMUS Case Number: CM13-0006896

- 1) MAXIMUS Federal Services, Inc. has determined the request for **decompression laminectomy and discectomy at L3-4 and L4-5 with posterolateral fusion, bone graft, pedicle screw fixation, posterior interbody fusion with the implants L3-4 and L4-5 is not 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 7/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/11/2013. 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 **decompression laminectomy and discectomy at L3-4 and L4-5 with posterolateral fusion, bone graft, pedicle screw fixation, posterior interbody fusion with the implants L3-4 and L4-5 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 57-year-old male who reported an injury to his low back on 09/24/2010. He is reported to have been struck by a vehicle at approximately 30 to 40 miles per hour. An MRI of the lumbar spine performed on 08/29/2012 read by Dr. [REDACTED] reported findings of disc desiccation and moderately prominent anterior hypertrophic changes at L3-4 with a broad based posterior and right posterolateral disc protrusion which at its maximum on the far right side measured approximately 4.5 mm and caused pressure over the anterior aspect of the thecal sac and encroached into the right neural foramen with mild narrowing of the right neural foramen and at L4-5 there were mild hypertrophic changes at the facet joints with hypertrophic changes of the ligamentum flavum, disc desiccation and a broad based posterior disc protrusion which indented the anterior aspect of the thecal sac. Anatomic impairment measurement dated 11/11/2013 reported abnormal motion at the L3-4 level with 1.9 mm flexion, 2.8 mm of extension, and 4.8 mm difference between flexion and extension. Nerve conduction studies performed on 12/10/2012 were reported to show evidence of acute L3 and L4 radiculopathy on the right and mild chronic L5 radiculopathy on the left. On 06/06/2013, a clinical note signed by Dr. [REDACTED] reported on examination of the lumbar spine no evidence of a prior surgical intervention, there was palpable tenderness in the L4 through S1 region of the lumbar spine with any spasms. The patient is noted to have mildly decreased range of motion of the lumbar spine in all planes, a positive straight leg raise bilaterally, more pronounced on the left than the right at 75 degrees on left and 80 degrees on the right, mildly diminished L5 sensory deficits in the lower extremities, more pronounced on the left than the right, and deep tendon reflexes were normal. A clinical note dated 07/17/2013 signed by Dr. [REDACTED] reported the patient had previously been seen on 04/17/2013 at that time, he had recommended an Electromyogram (EMG) of the upper extremities to determine if there were any lesions

or contraindications prior to proceeding with a lumbar and the EMG returned showing no obvious contraindications. The patient is noted to have undergone extensive physiotherapy of the lumbar spine for greater than 6 months and is noted to have treated with a lumbar epidural steroid injection and on physical exam the patient is reported to continue to experience constant moderate to severe pain of his lumbar spine which intermittently increased to severe aggravated by twisting, turning, and bending activities and had significant limitations because of pain. He was noted to have primarily back pain but did have radiation into the posterolateral aspect of the left lower extremity into the foot with lesser but similar complaints on the right. He complained of generalized weakness but nothing localizing in either lower extremity. He reported recurrent numbness, tingling, and paresthesia. On physical exam, the patient is noted to have spinous process tenderness at the mid to lower lumbar spine, primarily at L3-4 and L4-5 with moderate paraspinal muscle guarding and tenderness, more tenderness on the right than the left. There was a moderate left sciatic notch tenderness and slight right sciatic notch tenderness. The patient is noted to have flexion of 60 degrees, extension of 5 degrees with increased pain and guarding, right and left lateral side bending at 15 degrees. He had hypesthesia of the lateral aspect of the left leg and lateral aspect of the left foot including the 2 lesser toes. There was no localized weakness of either lower extremity but mild generalized weakness on the left side. Deep tendon reflexes were reported to be trace at the knees and ankles bilaterally. The patient had a positive straight leg raise at 70 degrees on the right and 60 degrees on the left and a slightly positive sciatic stretch sign on the left. X-rays of the lumbar spine performed on an unstated date reported there was a transitional segment at L5-S1 with slight left lumbar scoliosis with apex at the L3-4 level; on lateral views, there was loss of disc space height at L3-4 and L4-5 with a transitional segment of the L5-S1; anterior osteophytes were noted at L3-4 and L4-5 with no evidence of spondylosis or spondylolisthesis. Psychological clearance performed on 07/29/2013 signed by Dr. [REDACTED], reported the patient was cleared for the procedure noted above. He was experiencing pain and his pain was organic in origin and was not the result of psychosocial problems. He was psychosocially stable and should be able to undergo laminectomy, discectomy, and fusion with minimal to no psychosocial sequelae. He was adequately cognizant as to the planned medical procedures.

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 decompression laminectomy and discectomy at L3-4 and L4-5 with posterolateral fusion, bone graft, pedicle screw fixation, posterior interbody fusion with the implants L3-4 and L4-5:

Section of the Medical Treatment Utilization Schedule (MTUS) 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), Low Back Chapter, which is part of MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Summary of Evidence and Recommendations, Surgical Considerations, table 12-8 page 310, which is part of the MTUS.

Rationale for the Decision:

The ACOEM Guidelines state that “lumbar surgery is considered when there is clear clinical imaging and electrodiagnostic evidence of a lesion that has been shown to benefit from both the short and long-term.” The employee is noted on the MRI to have encroachment of the right neural foramina at L3-4 but no neural foraminal encroachment on the left nor is there documentation of neural foraminal encroachment at L4-5 on the left or right. In addition, findings on physical exam were not in a dermatomal or myotomal distribution that correlated with the electrodiagnostic studies or the MRI findings and there is no documentation of lumbar instability by X-rays noted. As such, the requested lumbar laminectomy and discectomy at L3-4 and L4-5 with posterolateral fusion, bone graft, and instrumentation does not meet guideline recommendations. **The request for Decompression Laminectomy and Discectomy at L3-4 and L4-5 with Posterolateral Fusion, Bone Graft, Pedicle Screw Fixation, Posterior Interbody Fusion with the Implants L3-4 and L4-5 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,

Paul Manchester, MD, MPH
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.