

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/18/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/31/2013
Date of Injury: 11/1/2010
IMR Application Received: 8/7/2013
MAXIMUS Case Number: CM13-0007862

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgeon, has a fellowship trained in Spine 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

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 employee representative and Provider
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 52-year-old male who reported a work-related injury on 11/01/2010 as the result of a fall. Subsequent to his injury, the patient was treated for the following diagnosis of lumbar spine pain. An MRI of the lumbar spine dated 01/24/2013, revealed specifically at the L4-5 level, the intervertebral disc was normal, and there was bilateral facet arthropathy without foraminal stenosis. At the L5-S1 level, there was a loss of disc signal with a 2 mm protrusion and annular fissure, which did not compromise the neural elements. There was bilateral facet arthropathy. The patient subsequently exhausted lower levels of conservative treatment to include physical therapy as well as injection therapy and utilization of a back brace. The patient's medication regimen has included Neurontin and Percocet. The clinical note dated 06/20/2013 reports that the patient was seen for a follow up. The provider documents that the patient, upon physical exam of the lumbar spine, reported improvement; however, intermittent pain was noted and rated at a 4/10 to 8/10. The patient reported that prolonged sitting, bending, standing or sudden movements increase the pain, which is described as a burning pain. The patient reported pain that radiates down the left lower extremity, along with associated numbness and tingling. The patient additionally reported spasms with cramping to the back and feet. Upon physical exam of the patient, the provider documented that the patient reported a loss of lordosis along with tenderness at L3-S1 bilaterally at the posterior suprailiac spine and left paravertebral muscles. The patient was recommended to undergo a discogram. On 07/02/2013, the patient underwent a lumbar discogram of the L4-5 and L5-S1 levels which revealed normal pathology at L4-5 with normal pressure and non-concordant pain. At the L5-S1 level, abnormal morphology, high pressure and non-concordant pain were noted.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Microlaminectomy, discectomy, foraminectomy at L4-5, L5-S1 left side with exploration facet joint is not medically necessary and appropriate.

The Claims Administrator based its decision on the Low Back Complaints, ACOEM Practice Guidelines, which is part of MTUS.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pgs. 362-372, which is part of MTUS.

The Physician Reviewer's decision rationale:

The MTUS/ACOEM guidelines indicate that within the first three months after onset of acute low back symptoms, surgery is considered only when serious spinal pathology or nerve root dysfunction not responsive to conservative therapy is detected. The clinical notes submitted for review lacked evidence of any motor, neurological or sensory deficits to support the requested operative procedure at this point in the employee's treatment. The MRI of the employee's lumbar spine did not reveal any pathology at the L4-5 level and minimal pathology at the L5-S1 level with no nerve root involvement indicated at either level. Given the lack of objective findings of symptomatology upon physical exam of the employee and lack of correlation of symptomatology evidenced along a specific dermatomal pattern correlating with the imaging study, the current request is not supported by the MTUS/ACOEM guidelines. **The request for microlaminectomy, discectomy, foraminectomy at L4-5, L5-S1 left side with exploration facet joint is not medically necessary and appropriate.**

/fn

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.

[REDACTED]

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