

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

December 18, 2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/17/2013
Date of Injury: 2/23/2010
IMR Application Received: 8/6/2013
MAXIMUS Case Number: CM13-0008058

Dear Mr./Ms. [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 Orthopaedic Surgery, has a subspecialty Certificate in 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 Claims Administrator, employee/employee representative
- 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 36-year-old female who reported an injury on 02/23/2010 when she was helping 5 children in the bathroom and 1 kid maliciously jumped up, striking her and head butting her beneath the chin, hyperextending her neck, causing a sharp, red hot, stabbing pain in the neck and down, going through the low back, down the left lower extremity. The patient is noted to have treated extensively with physical therapy, a TENS unit, chiropractic treatment, and non-steroidal anti-inflammatories. She is reported to have injections, but not epidural injections. X-ray of the lumbar spine performed on 10/28/2012, read by Dr. [REDACTED] reported an impression of no fractures, dislocations, moderate degenerative changes of the facets at L4-5 and L5-S1 levels consisting of hypertrophy and sclerosis and mild rotary dextroscoliosis. An MRI of the lumbar spine performed on 12/28/2012 noted a 4 mm posterior central and inferior disc extrusion at L5-S1 with an annular tear. A 3 mm posterior central broad-based disc protrusion at L4-5 demonstrating an annular tear without evidence of spinal stenosis or neural foraminal narrowing. A mild bilateral facet spondylosis at L4-5 and moderate bilateral facet spondylosis at L5-S1 with disc desiccation at L4-5 and L5-S1 and mild disc height loss at L4-5. The clinical note dated 04/12/2013 signed by Dr. [REDACTED] reported the patient complained of 9/10 low back pain with radiation of pain down the left buttock and 8/10 pain of the left leg, predominantly on the lateral posterior and mid thigh. She reported some pain in the foot, along with numbness of the lateral edge of the foot a well. She was noted on physical exam to be tender over the lower lumbar spinous process with mild spasms, to have full range of motion, but when she came up she put her hands beneath to bring herself back up to normal position and extension was quite painful past 5 degrees. The sciatic notches were tender along the left. Straight leg raise was positive on the left. The patient is noted to have 5/5 strength of the bilateral lower extremities in all muscle groups tested, decreased sensation to pinprick to the left lateral foot, consistent with an S1 dermatomal pattern and knee flexes on the right were 2/4, on the left were 1/4. Ankle reflexes on the right were 1/4 and trace on the left. On 06/05/2013, the patient is reported to continue to complain of mid to low back pain with radiation of pain to the left lower extremity. On physical exam the patient is noted to have flexion of 40 degrees, extension of 10 degrees, right and left

lateral flexion of 20 degrees with pain elicited on all movements. The patient is noted to have a positive Kemp's test bilaterally, 5/5 muscle strength, 2+ deep tendon reflexes at the patella and Achilles, and decreased sensation to light touch and pinprick over the left lateral foot. A request was submitted for an anterior lumbar L5-S1, L4-5 discectomy, decompression, interbody fusion, PEEK, BMP, L4-5 disc replacement, and possible left L5-S1 microdiscectomy. A clinical note dated 09/25/2013 noted the patient continued to complain of persistent low back pain rated 9/10, which radiates along the left lower extremity to the left knee and thigh, which she also rated 9/10. She reported the lower back pain and radicular symptoms woke her up at night. She was reported to be taking over-the-counter anti-inflammatories. On physical examination the patient is noted to have tenderness and spasms to the paralumbar musculature bilaterally, decreased range of motion of the lumbar spine in all planes with pain, positive Kemp's test bilaterally, positive facet test, straight leg raise, and Bragard's test positive on the left. The patient is noted to have 4/5 strength of foot eversion and the EHL and decreased sensation to light touch and pinprick over the left lateral foot.

IMR DECISION(S) AND RATIONALE(S)

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

1. Appeal of Anterior lumbar L4-5, L5-S1 discectomy decompression is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Low Back Complaints, Chapter 12, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The employee reported an injury to the neck and low back on 02/23/2010. The employee is reported to have been treated conservatively with extensive physical therapy, a TENS unit, chiropractic therapy, and anti-inflammatories and narcotic medications. The employee is not noted to have undergone epidural steroid injections. The employee is noted to have decreased range of motion of the lumbar spine in all planes with pain, decreased strength of the left foot eversion and EHL and decreased sensation to light touch and pinprick over the left lateral foot. The employee is noted to have undergone MRI of the lumbar spine that showed the posterior central broad-based disc protrusion with mild bilateral facet hypertrophy at L4-5 and the neural foramina were patent. At L5-S1 there was a 4 mm posterior central and inferior disc extrusion with no evidence of spinal stenosis, moderate bilateral facet hypertrophy with neural foramina patent. The California MTUS Guidelines recommend a lumbar nerve decompression for patients with severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective findings of neural compromise after failure of conservative treatment to resolve disabling radicular symptoms. Although the employee is noted to have findings of neurological deficits on physical exam, there is no documentation on the MRI of neural impingement at any level, and as such, the requested anterior lumbar L4-5, L5-S1 discectomy decompression does not meet guideline recommendations. **The request for appeal of anterior lumbar L4-5, L5-S1 discectomy decompression is not medically necessary and appropriate.**

2. Interbody Fusion, PEEK, BMP is not medically necessary and appropriate.

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

3. Disc Replacement L4-L5 is not medically necessary and appropriate.

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

4. Pre-op medical clearance is not medically necessary and appropriate.

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

5. Post-operative physical therapy three (3) times a week for six(6) weeks is not medically necessary and appropriate.

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

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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