
Independent Medical Review Final Determination Letter

[REDACTED]

Dated: 12/17/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/2/2013
Date of Injury: 7/7/2009
IMR Application Received: 8/20/2013
MAXIMUS Case Number: CM13-0009686

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]
dso

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 Surgery, has a subspecialty in Spine Surgery and is licensed to practice in Montana, Tennessee and Texas. 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:



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 male who reported a work related injury on 7/17/2009. The mechanism of injury is not specifically stated. The patient previously had an injury to his low back for which he underwent an L4 through S1 fusion in 12/2011. Electrodiagnostic studies dated 9/10/2012 revealed normal nerve conduction studies, abnormal electromyography study suggestive of bilateral chronic active L4-5 radiculopathy with acute active denervation found on right L4-5 nerve root. X-ray, flexion/extension of the lumbar spine dated 9/22/2012 signed by Dr. [REDACTED], revealed posterior spinal fusion with pedicle screws, rods, and interbody spacers spanning L4-5 and L5-S1. There was no definitive evidence of hardware failure or loosening. However, clinical correlation and comparison with prior postoperative imaging are recommended for optimal evaluation to assess for interval change. The diagnostic studies also revealed wide laminectomies at L4 and L5, heterotopic bone paraspinal region adjacent to L4 and L5, two surgical clips right anterior L2 at vertebral body, grade 1 spondylolytic spondylolisthesis with bilateral pars defects L5 to S1, grade 1 retrolisthesis L4-5, minimal discogenic spondylosis T11 to T12, anterior shift of lumbar gravity line and left list of the lower thoracic and lumbar spine. The clinical note dated 8/26/2013 reports the patient was seen under the care of Dr. [REDACTED]. The provider documented the patient had returned to Dr. [REDACTED], a spine surgeon, for re-evaluation. The provider documented Dr. [REDACTED] continued to recommend surgical interventions in the form of hardware removal, revision laminectomy, and exploration of prior fusion. The patient continues to voice complaints of unrelenting low back pain that radiates into the right foot and produces a constant numbness/tingling sensation. The patient reports right lower extremity weakness that produces difficulties when stepping onto a sidewalk, curb, or climbing stairs when leading with the right lower extremity. The provider documented the patient upon physical exam was able to walk on heels and toes with difficulty balancing on the right. The patient demonstrated a normal gait but continues to utilize a single point cane on the left side. The provider documented upon digital palpation there was reported tenderness moderate in the mid to lower lumbar region at approximately L3 to S1 on the right greater than left side. Focal grade tenderness and muscle guarding was appreciated in the R/L

paralumbar musculature of the level extending into the R/L gluteal compartment on the R/L. The provider documented range of motion of the lumbar spine was noted to be at 30 degrees flexion, 10 degrees extension, lateral bending at 18 degrees to the right, to the left 13 degrees. The provider reported there was weakness in testing of the muscle of the hamstrings and psoas with the patient reporting inducement of pain in the low back. Deep tendon reflexes were within normal limits to the lower extremities.

IMR DECISION(S) AND RATIONALE(S)

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

1. The removal of lumbar hardware is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is not a part of the MTUS.

The Physician 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 Physician Reviewer based his/her decision on the Official Disability Guidelines, Low Back Chapter.

The Physician Reviewer's decision rationale: Official Disability Guidelines indicate that a revision surgery for purposes of pain relief must be approached with extreme caution due to the less than 50% success rate reported in medical literature. The current request previously received an adverse determination due to lack of documentation of evidence of hardware failure, and it was further recommended that the employee undergo a CT myelogram to see if indeed there was anything that required decompression rather than simply exploring the L4-5 to level. Imaging of the employee's lumbar spine did not reveal any compression at the L4-5 level indicative of the requested operative procedure. As the clinical notes provided for review do not evidence the employee has presented with a failed union of the previous fusion, the current request is not supported. **The request for the removal of lumbar hardware is not medically necessary and appropriate.**

2. A revision laminectomy and possible revision of spinal fusion 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.