

Independent Medical Review Final Determination Letter

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Dated: 12/31/2013

IMR Case Number:	CM13-0024245	Date of Injury:	03/10/2010
Claims Number:	[REDACTED]	UR Denial Date:	09/10/2013
Priority:	STANDARD	Application Received:	09/13/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]	MD	
Treatment(s) in Dispute Listed on IMR Application:			
L4-L5 TRANSFORAMINAL LUMBAR INTERBODY FUSION, HOSPITAL STAY, MED CLEARANCE			

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 Surgery, has a subspecialty 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:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

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 requested medical clearance with an internal medicine specialist is not medically necessary or appropriate. The patient is not a surgical candidate for fusion surgery. American College of Occupational and Environmental Medicine does recommend consultation for patients who have a complicated diagnosis that would benefit from the expertise of a specialist to contribute to treatment planning. However, as the patient is not a candidate for the requested surgery, pre-operative medical clearance with an internal medicine specialist would not be medically necessary.

IMR DECISION(S) AND RATIONALE(S)

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

1. L4-L5 transforaminal lumbar interbody fusion is not medically necessary and appropriate.

The Claims Administrator based its decision on the The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Surgical Considerations, pages 308-310, which is part of the MTUS, and the Official Disability Guidelines (ODG), Low Back Chapter, Fusion (spinal), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pages 305-307, which is part of the MTUS, and the Official Disability Guidelines (ODG), Low Back Chapter, Fusion (spinal), which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The L4-5 transforaminal lumbar interbody fusion is not medically necessary or appropriate. The patient does have persistent low back pain with radiculopathy and has been unresponsive to conservative management to include medications, physical therapy, and injection therapy. American College of Occupational and Environmental Medicine states "patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylosis may be candidates for a fusion." The clinical documentation submitted for review does not provide any evidence that the patient has previously undergone surgical decompression at the requested level. Official Disability Guidelines recommend spinal fusion after failure of 2 discectomies on the same disc. Additionally, Official Disability Guidelines recommend psychological screening for issues that may delay the healing process or interfere with the patient's postsurgical treatments. The clinical documentation submitted for review does provide evidence that the patient underwent psychological screening. However, the appropriateness of spinal fusion was not addressed during the psychological evaluation. The patient did have psychological deficits identified during the evaluation. The patient's response to treatment was not provided for review. As the patient has not undergone any surgical intervention at the requested level and the patient has not been identified as an appropriate surgical candidate from a psychological perspective, this requested surgery would not be indicated. **The L4-5 transforaminal lumbar interbody fusion is not medically necessary and appropriate.**

2. Hospital Stay is not medically necessary and appropriate.

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

3. Medical Clearance with and internal medicine specialist 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.

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