MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: **12/14/2013**

Employee:	
Claim Number:	
Date of UR Decision:	12/6/2013
Date of Injury:	12/6/2006
IMR Application Received:	12/10/2013
MAXIMUS Case Number:	CM13-0063468

1) MAXIMUS Federal Services, Inc. has determined the request for **exploration of spinal fusion is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 12/10/2013 disputing the Utilization Review Denial dated 12/6/2013. A Notice of Assignment and Request for Information was provided to the above parties on 12/11/2013. 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 **exploration of spinal fusion 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:
This is a request for a 39 year old male injured back in 2006. The employee was originally diagnosed with sacroliliatis and subsequently underwent surgery for lumbar fusion at L5-S1. He continued to have back pain and was diagnosed with L4-5 disk collapse and segmental instability. He had continued pain despite conservative measures and in 2013 had extension of his fusion to include the L4-5 segment with instrumentation along with L4-5 decompression of stenosis. He reported 5/10 level of continued back pain and a 50% reduction of his leg pain at 2 months postop. 5 months after surgery the patient complained of increased pain in the back and left leg. CT scan documents the bone grafting in L4-5 but shows dislodgement of the screw head from the rod/screw construct on the left side. At issue is whether or not revision surgery is needed at this time.

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 Treatment Utilization Schedule (MTUS)
- Medical Records from Claims Administrator

1) **Regarding the request for exploration of spinal fusion:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ODG, 11th Edition, 2003, Low Back, Hardware implant removal (fixation), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), page 307, which is part of the MTUS; and the following articles: (1) Chou R, Baisden J, Carragee EJ, et al. Surgery for low back pain: a review of the evidence for an American Pain Society Clinical Practice Guideline. Spine (Phila Pa 1976). 2009 May 1;34(10):1094-109. doi: 10.1097/BRS.0b013e3181a105fc. Review; (2) Resnick DK. Evidence-based guidelines for the performance of lumbar fusion. Clin Neurosurg. 2006;53:279-84. Review; and (3) Resnick DK, Groff MC. Evidence-based guidelines in lumbar spine surgery. Prog Neurol Surg. 2006;19:123-34. Review, which are not part of the MTUS.

Rationale for the Decision:

There is no medical necessity for L4-5 fusion exploration and possible revision fusion at this time. Not enough time has passed since the index L4-5 fusion procedure (only 5 months) and it is likely that the CT documented and reported fusion mass in this area at L4-5 from the index surgery will become solid in the upcoming months. The fact that the screw head dislodged on the left side is not a compelling reason to return to surgery at this time because the bone graft is clearly documented in the desired fusion area and it may fuse as expected with additional time. Also, the employee does not have a new specifically documented neurologic deficit warranting revision surgery at this time. The employee has had documented back and leg pain chronically throughout the injury and postop course. Revision surgery is not medically needed at this time and not more likely than conservative measures to be effective in treating the chronic back and leg pains. **The request for exploration of spinal fusion 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

/dj

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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