

Case Number:	CM13-0027850		
Date Assigned:	01/15/2014	Date of Injury:	01/10/2008
Decision Date:	04/16/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

The applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 10, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and a reported return to work. In a Utilization Review Report of September 9, 2013, the claims administrator denied a request for an L5-S1 discectomy and laminotomy procedure, citing a lack of documentation as to how conservative measures have been tried and failed. Non-MTUS ODG guidelines were cited, although the MTUS does address the topic. The applicant's attorney subsequently appealed. An MRI of the lumbar spine of August 19, 2013 is notable for moderate disk protrusion with probable nerve root impingement at L5-S1. An earlier note of August 21, 2013 is notable for comments that the applicant reports persistent low back pain, has evidence of nerve root compression, and is working light duty, and should pursue a neurosurgical consultation. On August 28, 2013, the applicant did consult a neurosurgeon. The applicant was described as working full-time. In a neurosurgical consultation of August 20, 2013, the applicant presents with persistent complaints of low back pain radiating to the right leg. Positive straight leg rising was noted on the right. The applicant did exhibit an antalgic gait and had some weakness about the right leg in terms of tiptoe walking. Lower extremity strength was scored a 4/5. An L5-S1 discectomy and foraminotomy procedure was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 DISCECTOMY WITH RIGHT S1 FORAMINOTOMY PROCEDURE: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, it is "recommended" that surgical options and surgery be considered in applicants with persistent severe sciatica and clinical evidence of nerve root compromise if symptoms persist after four to six weeks of conservative therapy. In this case, the applicant has failed conservative treatment with time, medications, physical therapy, adjuvant medications such as Neurontin, etc., significant signs and symptoms of an active L5-S1 radiculopathy persists. A surgical remedy is indicated. The MTUS guideline in ACOEM Chapter 12 Table 12-8 does state that standard discectomy or microdiscectomy for herniated disks is "recommended." Therefore, the request is certified.

PRE-OP APPT WITH HOSPITAL: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Preoperative Evaluation and Management, Schwartz et al.

Decision rationale: The MTUS does not address the topic of preoperative evaluations. However, as noted in the Medscape, Preoperative Evaluation and Management Article, the preoperative consultation and evaluation is an important interaction between the applicant and the attending provider. The additional time invested in said evaluation often yields an improved physician-patient relationship and reduces surgical complications. In this case, the L5-S1 discectomy procedure has been endorsed, above, in response to #1. An associated preoperative evaluation is indicated, appropriate, and supported by Medscape. Therefore, the request is likewise certified.

ASSISTANT SURGEON: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians as Assistants at Surgery - American College of Surgeons and www.facs.org/ahp/.../2011physasstsurg.pdf.

Decision rationale: The assistant surgeon portion of the request is also certified. Again, the MTUS does not address the topic. As noted by the American College of Surgeons (ACS), a

laminectomy with decompression procedure, CPT code 63001, "almost always" requires the usage of an assistant surgeon. Therefore, this portion of the request is likewise certified.

DAY INPATIENT HOSPITAL STAY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Low Back Chapter, Hospital Length of Stay.

Decision rationale: The associated two-day hospital stay is also certified on Independent Medical Review. The MTUS does not address the topic of hospital length of stay. As noted in the ODG Low Back Chapter Hospital Length of Stay topic, the best practice target without complications following laminectomy or laminotomy procedure is one day. Actual data suggests that the median hospital stay in this case is two days. The request for a two-day hospital stay in this case, thus, does conform to the actual ODG data experience. Therefore, this portion of the request is likewise certified.