

<b>Case Number:</b>	CM13-0049762		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/06/2011
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 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. 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 patient is a 38-year-old female who was injured in a work related accident on 03/06/11 sustaining injury to her low back. Clinical records for review include 08/14/13 follow up with [REDACTED], [REDACTED], indicating ongoing complaints of low back pain as well as radiating leg pain to the calves bilaterally, primarily on the right. Objectively, there was noted to be restricted range of motion with 5-/5 plantar flexion strength, restricted lumbar flexion and extension, and deep tendon reflexes "intact." Sensory remained diminished along the right lateral calf and lateral foot. The claimant was diagnosed with a L5-S1 disc protrusion with chronic low back pain. Based on the chronicity of her complaints, surgical intervention was recommended in the form of L5-S1 microdiscectomy. Previous MRI scan available for review demonstrates disc protrusion at the L5-S1 level abutting the exiting S1 nerve roots. It is documented that the claimant has failed care including medications, epidural injections, therapy, and activity restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Microdiscectomy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 306.

**Decision rationale:** Based on California American College of Occupational and Environmental Medicine (ACOEM) Guidelines, surgical intervention in the role of microdiscectomy would appear warranted. This claimant continues to be symptomatic in regard to lumbar radicular complaints with positive imaging, failed conservative care, and positive exam findings. The role of operative intervention given the claimant's clinical presentation would appear medically necessary.

**1 day 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 Guidelines (ODG) Discectomy (icd 80.51 - Excision of intervertebral disc)

**MAXIMUS guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013: Low back: Hospital length of stay (LOS); Discectomy (icd 80.51 - Excision of intervertebral disc); Best practice target (no complications) -- Outpa

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Guidelines are silent. When looking at Official Disability Guidelines criteria, one day hospital stay also would be indicated. Official Disability Guidelines would recommend the role of a one day inpatient for a surgical discectomy. The specific request in this case would be supported.

**Assistant Surgeon:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Milliman Care Guidelines® Inpatient and Surgical Care 16th Edition

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Guidelines are silent. When looking at Milliman Care Guidelines, the role of an assistant surgeon is also supported for operative intervention. Guideline criteria would recommend the role of an assistant surgeon for a lumbar discectomy procedure. This specific request would appear medically necessary.

**Intra-operative neuro monitoring:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Intraoperative neurophysiological monitoring (during surgery)

**MAXIMUS guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back: Intraoperative neurophysiological monitoring (during surgery)

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Guidelines are silent. When looking at Official Disability Guidelines criteria, intraoperative neuromonitoring is necessary. Intraoperative neuromonitoring in the lumbar decompressive setting would be considered standard of care and is supported by Official Disability Guidelines and criteria. The specific request in this case would appear to be medically necessary.

**1 unit blood donation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Wheelless' Textbook of Orthopaedics on line Transfusion Therapy Methods to Decrease Transfusion

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Guidelines are silent. When looking at clinical literature review, otologist donation in this case would not be supported. The records indicate that the claimant is to undergo one level microdiscectomy with no given history of preoperative vascular or hematological findings that indicate the potential for excessive blood loss. Typical standard of care for the microdiscectomy setting would not typically require the role of otologist donation. Without supportive understanding from the claimant's previous medical history, this specific request would not be indicated.