

Case Number:	CM13-0054851		
Date Assigned:	12/30/2013	Date of Injury:	12/30/2011
Decision Date:	05/19/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/20/2013

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 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 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 claimant is a 49-year-old gentleman who sustained an injury to his low back in a work related accident while moving a pallet jack on December 30, 2011. The clinical records provided for review include a December 19, 2013 progress report documenting chronic Final Determination Letter for IMR Case Number CM13-0054851 3 complaints of low back pain with radiating left lower extremity pain and numbness. Physical examination showed restricted range of motion, facet joint tenderness to palpation, diminished sensation in a left L5 and S1 dermatomal distribution and 4/5 strength with flexion, dorsi and plantar flexion of the left ankle. The report of the November 18, 2013 lumbar MRI scan showed disc phenomena at L5-S1 with moderate disc desiccation with no central or neural foraminal narrowing. The L4-5 level had disc desiccation, a broad based disc osteophyte complex with moderate left recess and lateral foraminal narrowing. The report documented that the claimant had failed conservative care including medication management, epidural steroid injections, and therapy. The recommendation was made for an L4-5 and L5-S1 laminectomy and discectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

INPATIENT SURGICAL PROCEDURE; LAMINOTOMY, FORAMINOTOMIES AT L4-5 AND L5-SI WITH LEFT SIDED DISCECTOMY L5-SI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The Expert Reviewer's decision rationale: Based on California ACOEM Guidelines, the request for the laminotomy and foraminotomies at L4-5 and L5-S1 and left sided discectomy at L5-S1 cannot be recommended as medically necessary. The ACOEM Guidelines support surgery when there is clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. While the recent clinical MRI scan demonstrates neural foraminal narrowing at the L4-5 level, there is no indication of stenotic findings, neurocompressive lesion or disc issue at the L5-S1 level that would necessitate the acute need of a surgical process. Therefore, the lack of clinical correlation between the claimant's physical examination findings and recent clinical imaging would not support the role of the two level surgical processes in question.

2 DAY INPATIENT HOSPITAL STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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 GUIDELINES (ODG), : LOW BACK PROCEDURE - DISCECTOMY/ LAMINECTOMY HOSPITAL LENGTH OF STAY GUIDELINES LOS

Decision rationale: The request for the laminotomy and foraminotomies at L4-5 and L5-S1 and left sided discectomy at L5-S1 cannot be recommended as medically necessary. Therefore, the request for an inpatient stay would not be medically necessary. The Claims Administrator based its decision on the AAOS Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics. The Expert Reviewer based his/her decision on the Non-MTUS Citation: Other Medical Treatment Guideline Or Medical Evidence: --Milliman Care Guidelines 17th Edition: Assistant Surgeon Guidelines (Codes 21810 To 22856) Cpt® Y/N Description 22630 Y /N. The Expert Reviewer's decision rationale: The request for the laminotomy and foraminotomies at L4-5 and L5-S1 and left sided discectomy at L5-S1 cannot be recommended as medically necessary. Therefore, the request for an assistant surgeon is not medically necessary.

ASSISTANT SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AAOS Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline Or Medical

Evidence: --Milliman Care Guidelines 17th Edition: Assistant Surgeon Guidelines (Codes 21810 To 22856) CptÂ® Y/N Description 22630 Y /N.

Decision rationale: The request for the laminotomy and formainotomies at L4-5 and L5-S1 and left sided discectomy at L5-S1 cannot be recommended as medically necessary. Therefore, the request for an assistant surgeon is not medically necessary.

PRE-OPERATIVE MEDICAL CLEARANCE WITH LABS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine, Chapter 7, Page 127 and Official Disability Guidelines (ODG).

Decision rationale: The Expert Reviewer's decision rationale: The request for the laminotomy and formainotomies at L4-5 and L5-S1 and left sided discectomy at L5-S1 cannot be recommended as medically necessary. Therefore, the request for preoperative medical clearance with labs is not medically necessary.

PREOPERATIVE: CHEST X-RAY AND EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment In Worker's Comp , 18th Edition, 2013 Updates: Low Back Procedure.

Decision rationale: The request for the laminotomy and formainotomies at L4-5 and L5-S1 and left sided discectomy at L5-S1 cannot be recommended as medically necessary. Therefore, the request for preoperative chest x-ray and EKG is not medically necessary.

POST-OPERATIVE DME:TEC SYSTEM(ICELESS COLD THERAPY UNIT WITH DVT AND LUMBAR WRAP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- CONTINUOUS-FLOW CRYOTHERAPY

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The Expert Reviewer's decision rationale: The request for the laminotomy and foraminotomies at L4-5 and L5-S1 and left sided discectomy at L5-S1 cannot be recommended as medically necessary. Therefore, the request for DVT compressive devices and cryotherapy devices is not medically necessary.