

<b>Case Number:</b>	CM13-0058158		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/30/2011
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Massachusetts. 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 patient is a 44 year old female who reported an injury to her low back on 10/30/2011. The electrodiagnostic studies dated 01/10/13 revealed an ongoing and chronic denervation pattern consistent with a left L5 and S1 radiculopathy, worse in the S1 distribution. The qualified medical evaluation dated 02/04/13 indicates the patient complaining of severe constant low back pain. The patient also reported intermittent radiating pain into both lower extremities. Pain was also identified in the right foot and heel. The patient rated the pain as 6-8/10 at that time. The patient stated the initial injury occurred when she was walking on an incline into a kitchen while holding heavy dishes in both hands. The patient stated that she kicked open a door to go through and when she did so, her right ankle twisted resulting a slip and fall onto her buttocks. The patient subsequently presented to an Urgent Care clinic where x-rays were taken and the patient was provided with pain medications. Upon exam, the patient was able to demonstrate 40 degrees of lumbar flexion, 25 degrees of extension, and 25 degrees of bilateral side bending. No strength or reflex deficits were identified at that time. The MRI of the lumbar spine dated 03/06/13 revealed a 4.5mm disc protrusion at L5-S1 with mild thecal sac indentation and a probable annular tear. The clinical note dated 04/04/13 indicates the patient continuing with complaints of low back pain. The patient stated that she was fully independent with her ambulatory status. Reflexes were reactive and equal at that time. Radiographs revealed no fracture or dislocation at that time. The procedural note dated 05/10/13 indicates the patient undergoing an epidural steroid injection on the left at L5-S1. The clinical note dated 06/03/13 indicates the patient stating that the previous injection provided no significant benefit. Upon exam, ankle reflexes were identified as being diminished. Radiating pain was identified from the low back into the right side of the left lower extremity. The clinical note dated 07/10/13 indicates the patient utilizing orthotics with a resultant reduction in right foot discomfort. The patient was

recommended for an additional epidural injection at that time. The clinical note dated 07/16/13 indicates the patient utilizing Norco for pain relief. The patient was recommended for an L5-S1 decompression at that time. The clinical note dated 08/22/13 indicates the patient continuing with a recommendation for a surgical intervention. The treating provider has requested one Day In Patient Stay, Assistant Surgeon, Pre Op Complete Blood Count With Differential, Pre-Op Chest X-Ray, Pre-Op Electrocardiogram, Pre-Op Urinalysis, Pre-Op History And Physical For Surgery Clearance, L5-S1 Posterior Lumbar Microdiscectomy With Microscope, Comprehensive Metabolic Panel, Prothrombin Time Screen, Partial Thromboplastin Time, Type and Screen and Methicillin-Resistant Staphylococcus Aureus Screening.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **ONE DAY IN PATIENT STAY: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

#### **ASSISTANT SURGEON: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

#### **PRE OP COMPLETE BLOOD COUNT WITH DIFFERENTIAL: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

#### **PRE-OP CHEST X-RAY: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**PRE-OP ELECTROCARDIOGRAM:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**PRE-OP URINALYSIS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**PRE-OP HISTORY AND PHYSICAL FOR SURGERY CLEARANCE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**L5-S1 POSTERIOR LUMBAR MICRODISCECTOMY WITH MICROSCOPE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation ODG Low Back, Microdiscectomy.

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

**Decision rationale:** The documentation indicates the patient complaining of low back pain with radiating pain into the lower extremities. A discectomy/decompression is indicated in the lumbar region provided the patient meets specific criteria to include a complete exhaustion of all conservative treatments. There is an indication that the patient has undergone some conservative therapies in the remote past. However, no information was submitted regarding the patient's recent completion of any conservative treatments outside of epidural steroid injections. Given that no information was submitted regarding the patient's completion of all conservative treatments, the request is not indicated as medically necessary.

**COMPREHENSIVE METABOLIC PANEL:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**PROTHROMBIN TIME SCREEN:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**PARTIAL THROMBOPLASTIN TIME, TYPE AND SCREEN:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS SCREENING:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.