MAXIMUS Federal Services

Case Number:	CM14-0107156		
Date Assigned:	09/15/2014	Date of Injury:	09/01/2011
Decision Date:	11/06/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/10/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 52 year old male with a 9/1/11 injury date. The mechanism of injury was not provided. A recent follow-up from 3/28/14 reports subjective complaints of continued low back pain. No specific objective findings are documented. A lumbar MRI on 7/8/13 apparently showed L5-S1 disc extrusion on the left side. In a QME report on 3/10/14, the physician advises that "my personal preference would be for a minimally-invasive transforaminal interbody fusion at L5-S1, although other people might select a microdiscectomy, which would of course be within the standard for the community. Other than the follow-up from 3/28/14 and QME report from 3/10/14, there is no other documentation provided. Diagnostic impression: left L5-S1 disc herniation with radiculopathy.Treatment to date: chiropractic care, cervical ACDF, epidural steroid injections, medications.A UR decision on 6/20/14 denied the request for left L5-S1 hemilaminotomy and microdiscectomy on the basis that there was insufficient documentation and objective clinical evidence to support the request. The request for preop medical clearance was denied because the surgical procedure was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sided L5-S1 Hemilaminotomy and microdisectomy: 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): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter.

Decision rationale: CA MTUS states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; 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; and failure of conservative treatment. In the present case, there is a lack of sufficient documentation provided. In the available clinical notes, objective exam findings are not detailed or specific enough to support a diagnosis of radiculopathy. There are no imaging or electrodiagnostic reports available for review. The extent, duration, and effectiveness of prior conservative treatment methods is not reported. Therefore, the request for Left sided L5-S1 Hemilaminotomy and microdisectomy is not medically necessary.

Internal medicine preoperative clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Independent Medical Examinations and Consultations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG (Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter-Pre operative EKG and Lab testing). Other Medical Treatment Guideline or Medical Evidence: ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery.

Decision rationale: CA MTUS does not address this issue. ODG states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. The ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery state that in the asymptomatic patient, a more extensive assessment of history and physical examination is warranted in those individuals 50 years of age or older. In the present case, the preop medical clearance is not necessary because the surgical procedure was not certified. Therefore, the request for internal medicine preoperative clearance is not medically necessary.