

Case Number:	CM14-0117873		
Date Assigned:	08/06/2014	Date of Injury:	01/28/2014
Decision Date:	09/10/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/28/2014

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 Orthopaedic 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:

This 62-year-old male patient sustained an industrial injury on 1/28/14, relative to twisting and lifting parts. The 3/7/14 lumbar spine MRI impression documented disc desiccation at L3/4 with broad based posterior disc protrusion that indents the thecal sac. There was a mild degree of central stenosis at L4/5 secondary to hypertrophic facet joint changes and asymmetrical 6 mm posterior disc protrusion causing pressure over the anterior thecal sac and encroaching into the left subarticular gutter. There was pressure over the transiting left L5 nerve root and mild left neuroforaminal narrowing. The 6/27/14 initial spinal surgery evaluation cited complaints of low back pain radiating down the left buttock, posterior thigh, lateral leg and dorsum of his foot. Pain was sharp and burning with left lateral dorsal foot numbness and was increased with walking. The patient was walking with a limp secondary to ankle dorsiflexion weakness. He had completed one week of physical therapy with no relief. He had an L3, L4 and L5 transforaminal epidural steroid injection on 5/23/14 with no effect on lower extremity pain. Lumbar spine exam documented antalgic gait with foot drop on the left, paraspinal muscle tenderness, moderate loss of range of motion, positive left straight leg raise, and decreased L5 light touch sensation. There was 4/5 left ankle dorsiflexion weakness and diminished Achilles reflexes bilaterally. The patient was opined a surgical candidate for left L4/5 decompression surgery as there was greater than 6 weeks duration of symptoms, failure to respond to physical therapy and epidural steroid injections, and imaging findings consistent with symptoms. The 7/15/14 utilization review denied the request for left L4-L5 microdiscectomy and associated pre-operative and post-operative services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 microdiscectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 202-208.

Decision rationale: The ACOEM Revised Low Back Disorder Guidelines recommend lumbar discectomy for patients with radiculopathy due to on-going nerve root compression who continue to have significant pain and functional limitation after 4 to 6 weeks of time and appropriate conservative therapy. Guideline indications include radicular pain syndrome with current dermatomal pain and/or numbness, or myotomal muscle weakness all consistent with a herniated disc. Imaging findings are required that confirm persisting nerve root compression at the level and on the side predicted by the history and clinical examination. Guideline criteria have been met. This patient presents with radicular pain, dermatomal numbness and myotomal weakness in an L5 patterned distribution consistent with imaging. He has completed all guideline-recommended conservative treatment including activity modification, epidural steroid injection, and physical therapy without improvement. There is significant functional limitation affecting activities of daily living and precluding return to work. Therefore, this request for left L4-L5 microdiscectomy is medically necessary.

Pre-operative labs: CBC, PT, PTT, INR: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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-Lumbar & Thoracic; Pre-operative Lab Testing.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. The Official Disability Guidelines state the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. In general, guidelines support a complete blood count when significant perioperative blood loss is anticipated. Guideline criteria have been met for pre-operative lab work. Therefore, this request for pre-operative labs (CBC, PT, PTT, INR) is medically necessary.

Pre-operative EKG: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: Practice Advisory for Preanesthesia Evaluation: an Updated Report by the American

Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology*, 2012 March.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Guideline criteria have been met. Males over the age of 60 have known occult increased cardiovascular risk factor to support the medical necessity of a pre-procedure EKG. Therefore, this request for pre-operative EKG is medically necessary.

Pre-operative H&P: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, 92-93.

Decision rationale: The California Surgery General Ground Rules state that under most circumstances, the immediate preoperative visit in the hospital or elsewhere necessary to examine the patient, complete the hospital records (H&P), and initiate the treatment program is included in the listed value for the surgical procedure. There is no compelling reason to support the medical necessity of a separate service for pre-operative history and physical. A pre-surgical medical clearance is not being requested. Therefore, this request for pre-operative H&P is not medically necessary.

Post operative physical therapy 3 times a week for 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The California Post-Surgical Treatment Guidelines for lumbar discectomy suggest a general course of 16 post-operative physical medicine visits over 8 weeks, during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 8 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical period. This request for 36 visits of post-operative physical therapy markedly exceeds the recommended general course of care. Post-operative physical therapy would be supported for 16 visits. Therefore, this request for post-operative physical therapy 3 times per week for 12 weeks is not medically necessary.