

Case Number:	CM14-0135020		
Date Assigned:	08/27/2014	Date of Injury:	12/18/2013
Decision Date:	09/25/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/18/2014

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 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 46-year-old who injured his low back in a work-related fall on 12/18/13. The medical records provided for review document that the claimant has failed conservative treatment for his low back and leg complaints including epidural steroid injections, medication management, and therapy. The report of an MRI dated 12/22/13 showed at the L5-S1 level a broad-based disc protrusion paracentral to the right resulting in severe right neural foraminal narrowing. The report of a clinical assessment on 07/02/14 described continued low back and right lower extremity pain. Physical examination revealed an antalgic gait, right lower extremity weakness with 4/5 Extensor hallucis longus (EHL) and 4+/5 eversion strength. Neurovascular status was grossly intact with brisk distal pulses. The recommendation was made for right sided L5-S1 discectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right side L5 S1 Microdiscectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305, 306.
Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Low Back Chapter.

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

Decision rationale: Based on California ACOEM Guidelines, the request for right sided L5-S1 microdiscectomy would be supported as medically necessary. The documentation reveals the claimant has severe neural foraminal narrowing with broad based disc protrusion/herniation at the L5-S1 level and concordant findings on examination. There is documentation of failed prior conservative care. The role of operative procedure for this claimant's anatomical findings to the L5-S1 level would be supported and meets the ACOEM Guideline criteria.

Medical assistant: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross / Blue Shield North Carolina Corporate Medical Policy Co-Surgeon, Assistant Surgeon, and Assistant at Surgery Guidelines.

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 18th edition: assistant surgeon Assistant Surgeon Guidelines (Codes 21810 to 22856) CPT® Y/N Description 22630 Y Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar.

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Milliman Care Guidelines, the request for a surgical assistant for the right sided L5-S1 microdiscectomy is medically necessary.

Post-op PT 3x4 for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Postsurgical Rehabilitative Guidelines recommend up to 16 physical therapy visits postoperatively. This request is for 12 sessions of postoperative physical therapy. This individual is to undergo surgical discectomy. Twelve sessions of physical therapy would satisfy the Postsurgical Guideline criteria.

Pre-operative medical clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Institute for Clinical Systems Improvement (ICSI); 2008 Jul, 32 p. (20 references).

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 (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: California ACOEM Guidelines would support the role of preoperative medical clearance prior to this surgery for a right sided L5-S1 microdiscectomy. This individual is to undergo an operative procedure to the lumbar spine requiring anesthetic. Given the claimant's medical history and need for surgical process that would include a lumbar surgery and anesthetic, the role of preoperative medical clearance would be supported.