

Case Number:	CM14-0175400		
Date Assigned:	10/28/2014	Date of Injury:	11/10/2011
Decision Date:	12/11/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/23/2014

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:

This is a 45 year old male with 11/10/11 injury date. He was driving a Bobcat that tipped upside down. In a 9/12/13 follow-up, subjective findings included low back and left leg pain. Objective findings included restricted lumbar range of motion, diminished sensation in the left L5 dermatome, 4+/5 weakness of left extensor hallucis longus (EHL), tibialis anterior (TA), and ankle invertor, and 5-/5 weakness in plantar flexion and ankle evertor. Electrodiagnostic studies on 7/15/14 were normal. In a rebuttal letter from the treating surgeon on 10/16/14, subjective complaints include increasingly persistent low back pain with radiation to the left foot. He is taking Norco and Flexeril with minimal relief, and has had 4 epidural injections with minimal relief. Objective findings include mild antalgic gait, left L5 sensory deficit, and muscle weakness at left extensor hallucis longus (EHL) and tibialis anterior (TA). The 8/15/14 lumbar MRI shows degenerative disc disease, facet arthropathy, canal stenosis, and retrolisthesis at L3-4 and L4-5. There is mild-moderate left neural foraminal narrowing at L3-4, mild right neural foraminal narrowing at L4-5, and moderate left neural foraminal narrowing at L4-5. Diagnostic impression: lumbar degenerative disc disease, lumbar radiculopathy. Treatment to date: epidural steroid injections x 4, medications, physical therapy. A UR decision on 10/9/14 denied the request for microlumbar decompression at left L4-5 on the basis that the extent of the clinical radiculopathy is in excess of what would be expected given the MRI and EMG results. The requests for pre-op medical clearance, pre-op testing, and pre-op labs were denied because the associated procedure was not certified. The request for omeprazole 20 mg #60 was denied because there was no documentation of gastrointestinal complaints or the need for gastric protection in the setting of anti-inflammatory medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Microlumbar decompression left L4-5; outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

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--Discectomy/laminectomy.

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 this case, the guideline criteria appear to have been met. The patient has persistent symptoms of left lower extremity radiculopathy that have failed significant attempts at conservative treatment that has included four epidural injections. The patient has repeated documented objective signs of radiculopathy including left L5 sensory disturbances and left L5 motor weakness. These signs correlate well with MRI findings of left L4-5 moderate neural foraminal stenosis, which is also the site of the most severe pathology. Although the EMG was normal, according to ODG, positive electrodiagnostic studies are not essential before proceeding with decompressive surgery, as long as there is correlation between imaging and exam findings. Therefore, the request for microlumbar decompression left L4-5 outpatient is medically necessary.

Pre-op medical clearance-medical consult for history and physical, EKG, chest X-ray, Chem Panel, CBC, UA, APTT, PT, T&S: Upheld

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

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 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. However, the patient is age 44 and there is no documentation of significant comorbidities. In addition, the surgery is of low to intermediate-risk. Although routine pre-op labs such as Chem Panel, CBC, PT, PTT, and T&S are warranted, the medical necessity for medical clearance, EKG, chest x-ray, and UA is not established. Therefore, the request for pre-op medical clearance-medical consult for history and physical, EKG, chest x-ray, Chem Panel, CBC, UA, PTT, PT, T&S is not medically necessary.

Omeprazole 20 Mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:FDA (omeprazole).

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. However, in this case there remains no report of gastrointestinal complaints or chronic NSAID use. Therefore, the request for Omeprazole 20 mg #60 is not medically necessary.