MAXIMUS Federal Services

Case Number:	CM14-0183441		
Date Assigned:	11/10/2014	Date of Injury:	04/26/2011
Decision Date:	12/18/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	11/04/2014

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 Occupational Medicine 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 represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 26, 2011.Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; epidural steroid injection therapy; and earlier lumbar laminectomy surgery.In a Utilization Review Report dated October 2, 2014, the claims administrator failed to approve a request for an L5-S1 repeat posterior microdiscectomy to include a preoperative clearance and assistant surgeon. The applicant's attorney subsequently appealed.In a September 16, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating into the left leg in an S1 distribution. The attending provider stated that earlier MRI imaging of September 23, 2014 had demonstrated recurrent disk herniation at L5-S1. Epidural steroid injection therapy was unsuccessful. The attending provider suggested that the applicant undergo a recurrent diskectomy at the L5-S1 level. The applicant was ambulating with the aid of a cane. The applicant exhibited hyposensorium about the L5-S1 distribution with normal muscle bulk and muscle tone. A repeat left-sided microdiscectomy was sought.The applicant did undergo an L5-S1 hemilaminectomy and diskectomy on April 25, 2013.The applicant went on to receive an epidural steroid injection at the L5 level on August 1, 2014.An April 30, 2014 progress note was notable for comments that the applicant had persistent complaints of low back pain radiating into the left leg. The applicant's quality of life was severely impacted. The applicant was using a cane to move about, it was suggested. Hyposensorium was again appreciated about the left leg. The applicant was apparently limping visibly and was reportedly worsened.In a psychological evaluation dated April 3, 2014, the applicant was described as having ongoing complaints of low back pain radiating into the left

leg. The applicant was given diagnosis of residual lumbar radiculopathy following earlier failed diskectomy surgery. The applicant was off of work, it was acknowledged. The applicant had developed issues with psychological stress. The applicant was given a mental heath diagnosis of major depressive disorder (MDD) with resultant Global Assessment of Function (GAF) 42. The applicant had failed three epidural steroid injections, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Posterior Micro-Discectomy at L5-S1 to Include Preop Clearance and Assistant Natalie Bricker, PA-C: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Indications for Surgery

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 310, 183. Decision based on Non-MTUS Citation Physicians as Assistants at Surgery: 2013 study

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 310, both standard diskectomy and/or microdiskectomy for herniated disks are deemed "recommended" in applicants who have peristent and severe sciatica and clinical evidence of nerve root compromise whose symptoms have persisted after four to six weeks of conservative therapy. Here, the applicant does have longstanding, ongoing left lower extremity radicular complaints, reportedly severe, which have proven recalcitrant to time, medications, physical therapy, one prior surgical intervention, three prior epidural steroid injections, etc. The applicant is off of work. Significant radicular complaints and radicular signs were appreciated on multiple office visits, referenced above, including low back pain radiating into the left leg, a visible limp, motor dysfunction requiring usage of a cane, hyposensorium appreciated about the left leg, etc. The requesting provider alluded to the applicant's having evidence of a recurrent disk herniation at L5-S1 in his September 16, 2014 follow-up note, referenced above. Moving forward with repeat diskectomy procedure is indicated, given the failure of earlier operative and non-operative interventions. While the MTUS Guideline in ACOEM Chapter 12 does not specifically address the topic of preoperative clearance, the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 183 do acknowledge that "careful preoperative education" of the applicant is "recommended" regarding expectations, complications, and long and short-term sequelae of surgery. A formal preoperative evaluation of the applicant to ensure the absence of any significant general medical comorbidities, which might prevent pursuit of the proposed diskectomy surgery is indicated here, particularly in light of the fact that a prior surgical intervention was pursued and failed. Therefore, preoperative clearance component of the request is likewise indicated. The MTUS does not address the topic. However, the American College of Surgeons (ACS) notes that a laminectomy-diskectomy procedure at one or two vertebral levels "almost always" requires an assistant surgeon. The request, thus, is in line with ACS recommendations. Therefore, the request is indicated.Since all of the three components of the request-the repeat posterior microdiskectomy at L5-S1, the preoperative clearance evaluation, and the assistant surgeon-are all indicated, the request is medically necessary.