

Case Number:	CM14-0028743		
Date Assigned:	06/16/2014	Date of Injury:	09/14/2000
Decision Date:	07/24/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/06/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 patient is a 68 year old female who was injured on 09/14/2000. The mechanism of injury is unknown. Prior treatment history has included acupuncture (unknown sessions), cervical epidural injection providing her with significant long-lasting improvement in her back symptoms on 09/13/2011. Prior medication history as of 02/18/2014 included Wellbutrin, Premarin, Restoril, Celexa, Simvastatin, aspirin, Aleve p.r.n., and Flexeril. The patient underwent right L5-S1 hemilaminectomy partial medial facetectomy and foraminotomy and microdiscectomy; and right L5-S1 microdiscectomy on 02/18/2014. Diagnostic studies reviewed include MRI of the lumbar spine dated 01/24/2014 revealed 1) At the L5-S1 disc space there is a 5 mm right lateral extruded and slightly sequestered disc herniation which is progressive in comparison to previous study. A sequestered fragment of 4-5 mm has extended inferior to disc level for length of 5 mm and abuts and subtly displaces the right S1 nerve root sleeve as it exits the thecal sac into the proximal lateral recess. There is a quite capacious spinal canal without central canal stenosis. There is now minimal Modic I signal alteration of opposing right lateral endplates. There is no foraminal stenosis. 2) At the L4-5 disc space, similar to previous exam is a 2-3 mm left lateral bulge in the annulus with a minute annular fissure and no significant central or foraminal stenosis is present. 3) At the L2-3 disc space, there is slight desiccation and narrowing and a 1-2 mm bulge in the annulus without central or foraminal stenosis. Progress report dated 01/30/2014 documented the patient was complaining of low back pain radiating to the right hip pain, buttock, and posterior thigh. She states that her symptoms are progressively worsening. On exam, she has full range of motion of the cervical spine. She has forward flexion to the tibial tubercles. Extension is 50% of normal. She has pain with forward flexion and extension. She has mild tenderness to palpation along the lumbosacral junction, worse than right. Reflexes are trace at the knees and ankles bilaterally. Lower extremity strength is 4/5 in the right gastroc.

Straight leg raise is positive on the right at 35 degrees and pulses are palpable. The patient is diagnosed with cervical strain/radiculopathy, cervical disc disease at C4-5, C5-6 and C6-7, lumbar facet arthropathy and right L4-5 HNP. The treatment and plan included a request for authorization for the patient to undergo a right L5-S1 lumbar microdiscectomy. Prior utilization review dated 02/05/2014 states the request for preoperative medical clearance is modified to include CMP, CBC, PT/PTT, UA/EKG is appropriate to assess for preoperative complications. The request for an assistant surgeon has been modified to surgical assistant as the assistant would be a physician. The request for lumbosacral corset is appropriate and the request for land physical therapy two (2) times a week for six (6) weeks is denied as aquatic therapy has been certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: According to the Official Disability Guidelines, Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations 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. The patient is a 68 year old female pending lumbar discectomy. The requested preoperative medical clearance is not specific, and not supported by the guidelines. According to the guidelines, reasonable and acceptable preoperative clearance can be undertaken by the surgeon, which would include obtaining the patient's history and physical examination, as well as ordering standard preoperative testing as deemed medically necessary. An EKG and lab tests consisting of CBC, CMP, PT/PTT, and urinalysis are appropriate to assess for preoperative complications.

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.fchp.org/providers/medical-management/~media/files/providerPDFs/paymentpolicies/assistant_surgeon_pay_policy1111.as.hx.

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, Surgical assistant.

Decision rationale: According to the ODG, a surgical assistant is recommended as an option in more complex surgeries. An assistant surgeon actively assists the physician performing a surgical procedure. Reimbursement for assistant surgeon services, when reported by the same individual physician or other health care professional, is based on whether the assistant surgeon is a physician or another health care professional acting as the surgical assistant. Based on the planned procedure of single level lumbar microdiscectomy/facetectomy/hemilaminectomy, a second surgeon/physician is not indicated and not medically necessary.

LS corset (lumbosacral): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar supports.

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 supports; Back brace post operative (fusion).

Decision rationale: According to the ODG, back brace/corset may be an option in certain settings, such as for compression fractures and specific treatment of spondylolisthesis or documented instability, which is not the case of this patient. Supports are also understudy for post-operative use following lumbar fusion. However, the patient has not undergone lumbar fusion and these devices are not recommended a preventive measures. Consequently, the medical necessity of a lumbar corset is not established.

Land physical therapy two (2) times a week for six (6) weeks: Upheld

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

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, Physical therapy (PT); Aquatic therapy.

Decision rationale: The ODG states there is strong evidence that physical methods, including exercise and return to normal activities, have the best long-term outcome in employees with low back pain. Per the guidelines, 16 visits over 8 weeks is recommended as post-surgical treatment for discectomy/laminectomy. The ODG states aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. According to the medical records provided, this patient has already been authorized to participate in aquatic PT following her lumbar surgery. It is appropriate that the patient's response to this previously approved therapy be evaluated, prior to considering land-based therapy. The medical necessity of this request is not established at this time.