

Case Number:	CM14-0038395		
Date Assigned:	07/25/2014	Date of Injury:	09/27/2011
Decision Date:	08/28/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/01/2014

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 52-year-old male correctional officer sustained an industrial injury on 9/27/11. The mechanism of injury was not documented. The patient underwent an L5/S1 lumbar decompressive laminectomy on 9/27/12, and an L5/S1 anterior lumbar decompression and fusion on 9/22/13. The patient had on-going pain and right lower extremity numbness following surgery. The 11/18/13 lumbar MRI impression documented extensive edema in the adjacent vertebral bodies, as well as small fluid collections dissecting into the anterior epidural space bilaterally and into the entrance zone of the right foramen. There was impingement on the right L4 nerve root. If bone morphogenetic proteins were used, these were opined most likely seromas related to the surgery. The progress reports from 11/22/13 through 2/14/14 documented severe low back and constant right leg numbness. A right L5/S1 transforaminal epidural steroid injection was performed on 1/31/14 and produced mild relief for a couple of days. A revision L5/S1 decompression was recommended to remove the excessive bone build up around the nerve root. The 3/12/14 utilization review denied the request for right L5/S1 foraminal decompression as there was no clear imaging evidence of foraminal stenosis or documentation of a solid fusion at L5/S1. The 6/4/14 CT scan demonstrated the patient had fused across the L5/S1. The right posterolateral L5/S1 disc annulus was ossifying over the disc extrusion, impinging on the right L5 in the foramina. The 7/2/14 treating physician report cited continued right lower extremity pain culminating in numbness coming down to the dorsum of his right foot. The treating physician indicated that there was some recurrent disc bulge and herniation in the foramina at L5/S1 off to the right side that was starting to become calcified. Surgery was again recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 foraminal decompression: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Criteria for diskectomy.

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 decompression 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 recurrent disc herniation at L5/S1 with ossification impinging the right L5 nerve root, consistent with clinical exam findings. Reasonable conservative treatment has been tried and failed. Therefore, this request for L5/S1 foraminal decompression is medically necessary.

Surgery assistant PA-C: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Centers for Medicare and Medicaid services, Physician Fee Schedule.

Decision rationale: The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for an assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT Code 63047, there is a "2" in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request for one surgery assistant PA-C is medically necessary.

One -day inpatient stay: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Hospital length of stay (LOS).

Decision rationale: Under consideration is a request for inpatient length of stay. The California MTUS does not provide recommendations for hospital length of stay. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended best practice target for a lumbar foraminotomy is 1 day. Guideline criteria have been met for inpatient length of stay of 1 day, in the absence of complications. Therefore, this request for one day inpatient stay is medically necessary.