

Case Number:	CM14-0057498		
Date Assigned:	07/09/2014	Date of Injury:	05/20/2010
Decision Date:	09/11/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	04/28/2014

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 55-year-old male who sustained a vocational injury on 05/20/10 while driving a forklift. The medical records provided for review document the current diagnosis of low back pain with 5 millimeter disc protrusion at L 5-S1, causing compression of the left S 1 nerve root. The office note dated 02/11/14 stated that the claimant was interested in back surgery due to pain in the low back pain radiating to his buttocks, left leg and bottom of his left foot, second through fourth toes. Conservative treatment included use of a cane, analgesic lotion, a TENS unit and rest. Documentation indicated that the claimant was a non-smoker. Physical examination of the lumbar spine showed loss of normal lumbar lordosis, muscle guarding, range of motion was minimally managed on all planes, and nerve root tension signs were positive at 65 degrees bilaterally both supine and sitting. There was paraspinal musculature tenderness on palpation and tenderness on palpation of the spinous processes. There was tenderness of the piriformis/gluteus groups bilaterally. There was slightly decreased sensation to light touch in the L5 and S1 distributions on the left lower extremity with decreases two-point discrimination at pinprick over the outer left leg and foot. The office note dated 12/02/13 documented that the 11/06/13 magnetic resonance imaging (MRI) of the lumbar spine showed an L5-S1 herniation, deep to the posterior longitudinal ligament and may be associated to the left S 1 radiculopathy. At the L4-5 level there was a smaller, slightly eccentric protrusion causing minor asymmetric crowding of the right subarticular gutter at that level. The report documented that electromyography (EMG)/nerve conduction study, date not given, confirmed L 5 - S 1 radiculopathy. Conservative treatment has included twenty-four sessions of acupuncture, Anaprox, Gabapentin and Norco. The current request is for a left L4-5 and L5- S1 laminectomy, medial facetectomy and possible discectomy/fusion/instrumentation as an inpatient with preoperative clearance, laboratory tests

including, CBC, Hepatic Panel, Chem 12, PT, PTT, Chest x-ray, EKG and Pulmonary Function Tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5-S1 Laminectomies, Medial Facetectomis and Possible Discectomies/Fusion/ Instrumentation as an Inpatient Unspecified Inpatient Hospital Stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Spinal Fusion. Decision based on Non-MTUS Citation Official Disability Guidelines: Criteria for Spinal Instability Official Disability Guidelines: Low back (Acute and Chronic).

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, Pre-Operative Surgical Indications.

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for the proposed surgery, inpatient stay and preoperative workup cannot be recommended as medically necessary. The ACOEM Guidelines recommend that prior to undergoing discectomy and fusion, all reasonable first line conservative treatment such as formal physical therapy; home exercise program, activity modification, and consideration of diagnostic/therapeutic epidural steroid injections should be attempted and failed. In addition, prior to undergoing a lumbar fusion, the Official Disability Guidelines recommend a psychosocial examination screening in an effort to ensure the claimant is a reasonable surgical candidate for a lumbar fusion. The records provided for review do not document that the claimant has exhausted all possible conservative treatment or has had a psychosocial consultation. There is also no documentation of instability identified on a diagnostic study, specifically that of x-rays or a magnetic resonance imaging (MRI) which is recommended by ACOEM. In the absence of the documentation in accordance with California MTUS ACOEM, and Official Disability Guidelines, the request cannot be considered medically necessary for surgical intervention and inpatient stay, and subsequently, the request for preoperative work up, medical clearance and laboratory studies are also not considered medically necessary at this time.

Pre-Operative Clearance Labs: Complete Blood Count: Upheld

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127 and on the Non-MTUS Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 127 and Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) - pp. 503.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Chest X-Ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Criteria for Spinal Instability Official Disability Guidelines: Low back (Acute and Chronic).

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, page 127 and on the Non-MTUS Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 127 and Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) - pp. 503.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Electrocardiogram (EKG): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Criteria for Spinal Instability Official Disability Guidelines: Low back (Acute and Chronic).

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, page 127 and Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 127 and Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) - pp. 503.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pulmonary Function Test: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Criteria for Spinal Instability Official Disability Guidelines: Low back (Acute and Chronic).

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, page 127 and Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 127 and Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) - pp. 503.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Operative Clearance Labs: Hepatic Panel: Upheld

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127 and on the Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 127 and Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) - pp. 503.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Operative Clearance Labs: Chem12: Upheld

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127 and Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 127 and Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) - pp. 503.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Physical Therapy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre Operative Clearance Labs: Partial thromboplastin time (PTT): Upheld

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127 and Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 127 and Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) - pp. 503.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Inpatient Unspecified Inpatient Hospital Stay:: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Spinal Infusion (Acute & Chronic) Low Back.

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 - Hospital Length of Stay.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.