

<b>Case Number:</b>	CM14-0070057		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	12/14/2012
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 Neurological 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 injured worker is a 46-year-old male who was reportedly injured on 12/14/2012. The mechanism of injury was noted as a lifting injury. The most recent progress note dated 3/19/2014 indicated that there were ongoing complaints of low back pain, with radiating pain to bilateral lower extremities. The physical examination demonstrated lumbar spine: Positive tenderness to palpation of the lower lumbar spine with paravertebral muscle spasms. Positive right side straight leg raise and 50. The patient has Positive Lasegue sign on the right and positive left sided straight leg raise at 70. The patient had limited range of motion with pain. Right lower extremity muscle strength of gastrocnemius and anterior tibialis was 4/5. Sensation was diminished to pinprick along the L5-S1 dermatomes on the right. Diagnostic imaging studies included a magnetic resonance image of the lumbar spine, which stated bony hypertrophy of the facets at L4-L5 and L5-S1. Official radiological report is not available for review. Previous treatment included physical therapy, acupuncture, chiropractic care and medications. A request had been made for anterior lumbar discectomy L4-L5 and L5-S1 with posterior decompression, foraminotomy and spinal instrumentation from L4-sacrum, 3-5 day inpatient hospital stay, preoperative lab work and was not granted in the pre-authorization process on 4/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior Lumbar Discectomy L4-5 and L5-S1 with Posterior Decompression, Foraminotomy and Spinal Instrumentation from L4 to the sacrum: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** Lumbar discectomy is moderately recommended as an effective operation to speed recovery in patients with radiculopathy due to ongoing nerve root compression and who continue to have significant pain and functional limitation after 4 to 6 weeks of time and appropriate conservative therapy. After review of the medical documentation provided, a note dated 4/29/2014, annotated a partial certification of the requested procedure. Therefore, this request is not medically necessary.

**3-5 day inpatient stay: 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 Official Disability Guidelines (ODG) low back-lumbar and thoracic, (acute and chronic) updated 7/3/2014. Hospital length of stay.

**Decision rationale:** Hospital length of stay recommends the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. For prospective management of cases, median is a better choice than mean or average, because it represents the mid-point, at which half of the cases are less and half are more. For retrospective benchmarking of a series of cases, mean may be a better choice because of the effect of outliers on the average length of stay. Length of stay is the number of nights the patient remained in the hospital for that stay, and a patient admitted and discharged on the same day would have a length of stay of zero. The total number of days is typically measured in multiples of a 24-hour day that a patient occupies a hospital bed, so a 23-hour admission would have a length of stay of zero. After reviewing the medical documentation provided, the note, dated 4/19/2014, stated this request has been approved for partial certification for a one day hospital stay. Therefore, this request is not medically necessary.

**Full lab work: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Pre-operative tests.

**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 and thoracic, (acute and chronic), updated 7/3/2014. Laboratory testing.

**Decision rationale:** Preoperative additional tests are excessively ordered, even for young patients with low surgical risk and with little or no interference in preoperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, co morbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. After review of medical records provided, it was noted on 4/19/2014 that this request has been modified for approval of complete blood count and basic metabolic panel only. Therefore, this request is not medically necessary.