MAXIMUS Federal Services

Case Number:	CM14-0070586		
Date Assigned:	08/08/2014	Date of Injury:	01/15/2013
Decision Date:	09/11/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	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 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 36-year-old gentleman who was injured in a work-related accident on January 15, 2013. Records available for review indicate low back complaints with a recent April 2014 MRI report that shows a moderate disc herniation at L4-5 asymmetric to the left and a small central disc herniation at L3-4. The follow up report of May 4, 2014, describes continued complaints of low back pain with radiating bilateral lower extremity pain. The claimant's recent MRI scan was reviewed at that time. Physical examination demonstrated tenderness over the facet joints, positive straight leg raising and no documentation of motor, sensory or reflexive change to the lower extremities. The medical records did not contain any further imaging, conservative care or physical examination findings. The requests are for: a two-level L3-4 and L4-5 microdiscectomy procedure; a two- to three-day hospital stay; preoperative medical clearance; assistant surgeon; lumbar corset; and an elevated toilet seat.

IMR ISSUES, DECISIONS AND RATIONALES

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

Microdiscectomy at L3-4 and L4-5 on the left: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: Based on California ACOEM Guidelines, the request for a two-level microdiscectomy procedure is not recommended as medically necessary. ACOEM Guidelines recommend decompression with discectomy for carefully selected individuals with nerve compression due to lumbar disc prolapse. This claimant does not have significant compressive findings at the L4-5 level nor does he have positive physical examination findings that demonstrate a radicular process. Without documentation of clinical correlation between radiculopathy and examination findings, the acute need of surgical intervention is not recommended as medically necessary.

2-3 days hospital stay: 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 & Thoracic (Acute & Chronic), Hospital length of stay (LOS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Discectomy/ laminectomyFor average hospital LOS after criteria are met, see Hospital length of stay (LOS).

Decision rationale: Based on the Official Disability guidelines, the request for a two- to three-day hospital stay is not medically necessary, because the request for surgical intervention is not recommended as medically necessary.

Pre-op medical clearance: Labs: CBC< SMA18, PT, PTT, Westergen Sed Rate, and Urinalysis: 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 & Thoracic (Acute & Chronic) Preoperative testing, general.

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 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM Guidelines, the request for preoperative testing is not recommended as medically necessary, because the request for surgical intervention is not recommended as medically necessary.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedics

Surgeons Position Statement Reimbursement of the First Assistant. Surgery in Orthopaedics, Role of the First Assistant.

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: Milliman Care Guidelines 18th. edition: assistant surgeonAssistant Surgeon Guidelines (Codes 21810 to 22856) CPTÂ® Y/N Description 22630 Y Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar.

Decision rationale: Based on Milliman Care Guidelines, the request for an assistant surgeon is not recommended as medically necessary, because the request for surgical intervention is not recommended as medically necessary.

Lumbar Corset: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 134-136.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9,298, 301.

Decision rationale: Based on the California ACOEM Guidelines, the request for a lumbar corset is not recommended as medically necessary, because the request for surgical intervention is not recommended as medically necessary.

Elevated Toilet Seat: 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) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Durable medical equipment (DME).

Decision rationale: Based on the Official Disability guidelines, the request for an elevated toilet seat is not recommended as medically necessary, because the request for surgical intervention is also not recommended as medically necessary.