

Case Number:	CM15-0007360		
Date Assigned:	01/26/2015	Date of Injury:	11/12/2009
Decision Date:	05/01/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 67-year-old male who sustained an industrial injury on 11/12/09. Injury occurred when he was pulling down 50-60 pound meat cartons from a truck. Past medical history was positive for prostate and kidney cancer. Records indicated the injured worker had bilateral medial branch blocks on 4/11/14 with one week of relief, and underwent radiofrequency ablation on 5/21/14 with minimal pain relief. The 10/9/14 lumbar MRI showed worsening Schmorl's node formation at L3/4 with associated bone marrow edema suggesting acute Schmorl's node formation. There was no compression deformity or subluxation. There was no prominent central canal stenosis. There was mild to moderate bilateral neuroforaminal narrowing, most prominent at L3/4 and L4/5. Findings documented a disc bulge at L3/4 with ligamentum flavum redundancy and mild to moderate facet degenerative changes, right greater than left. There was mild to moderate left and moderate right neuroforaminal narrowing. At L4/5, there was ligamentum flavum redundancy and mild facet degenerative change. There was a disc bulge with mild central canal stenosis, and mild to moderate left and moderate right neuroforaminal narrowing. The 11/21/14 treating physician report cited grade 9-10/10 low back pain with continue right lower extremity numbness and pins and needles in both feet. He reported difficulty in getting up from a seated position and sleeping. He walked on a treadmill which helped his back and leg pain. He reported significant weight gain due to inactivity. Physical exam documented diffuse lumbar paraspinal tenderness and spasms, moderate to marked loss of range of motion, and positive straight leg raise on the right at 30 degrees, and left at 60 degrees. Motor exam documented 4-/5 tibialis anterior, extensor hallucis longus, and

inverter weakness. The patellar and Achilles reflexes were diminished on the right. Laseque's sign was positive bilaterally. Clonus was 0 beats bilaterally. The diagnosis was lumbar radiculopathy, facet arthropathy, and lumbar disc degeneration. The treatment plan recommended right L3/4 and L4/5 microdisectomy. The patient had failed conservative treatment including therapy, pain medications, epidural steroid injections, and medial branch block/rhizotomy. The 1/7/15 utilization review non-certified the request for microlumbar decompression right L3/4 and L4/5 as there was no formal MRI report corroborating the presence of neural compromise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Micro-Lumbar Decompression right L3-4 and L4-5: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 1½ Lumbar & Thoracic, Discectomy/Laminectomy.

Decision rationale: The California MTUS recommend surgical consideration when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit both in the short term and long term from surgical repair. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar discectomy that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. Guidelines require all of the following conservative treatments: activity modification for at least 2 months, drug therapy, and referral for physical medicine (physical therapy, manual therapy). Guideline criteria have been met. This patient presents with chronic severe function-limiting low back pain and right lower extremity paresthesias. Clinical exam findings are consistent with imaging evidence of plausible L3/4 and L4/5 neural compression. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Pre-operative medical clearance medical consultation for history and physical: 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 Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. This patient has a significant past medical history. Guideline criteria have been met based on patient age, past medical history, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Pre-operative medical clearance EKG (electrocardiogram): 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 Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Guideline criteria have been met. Middle aged males have known occult increased risk factors for cardiovascular disease that support the medical necessity of pre-procedure EKG. Therefore, this request is medically necessary.

Pre-operative chest X-ray: 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 Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that routine pre-operative chest radiographs are not recommended except when acute cardiopulmonary disease is suspected on the basis of history and physical examination. Guideline criteria have been met. Middle aged males have known occult increased risk factors for cardiopulmonary disease that support the medical necessity of pre-procedure chest x-ray. Therefore, this request is medically necessary.

Pre-operative laboratory testing; chemistry panel, CBC (complete blood count), APTT (activated partial thromboplastin time), PT ((prothrombin time) blood type and screen.: 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 Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Guideline criteria have been met on the basis of patient age, past medical history, magnitude of surgery, and risks of undergoing anesthesia. Therefore, this request is medically necessary.

Pre-operative urinalysis: 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 Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Guidelines criteria have been met. The use of the requested pre-operative lab urinalysis appears reasonable in a 67 year old male with a history of kidney and prostate cancer. Therefore, this request is medically necessary.