MAXIMUS Federal Services

Case Number:	CM15-0140869		
Date Assigned:	07/30/2015	Date of Injury:	04/29/2012
Decision Date:	09/16/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/20/2015

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 31-year-old male who sustained an industrial injury on 4/29/12. Injury occurred while he was working as a correctional officer and running to respond to an alarm. He was running down stairs and using the side rails to skip stairs and lunge forward. He landed at the bottom of the stairs with a sharp pain in his low back. Past medical history was negative. He underwent a left L4/5 microdiscectomy on 6/12/14. The 3/13/15 lumbar spine MRI impression documented an L4/5 disc protrusion superimposed upon a disc bulge mildly narrowing the central canal and contacting the traversing L5 nerve roots in the lateral recesses, left greater than right. There was a small disc protrusion at L3/4, and facet arthrosis without significant narrowing. The 5/12/15 treating physician note indicated that the injured worker developed severe leg pain after running in the prison yard several days prior. He was basically non-ambulatory. He had severe left leg pain, positive left nerve tension signs, weakness extensor hallucis longus, and diminished L5 dermatomal sensation. He had difficulty standing or walking. He apparently suffered a recurrence of his disc herniation. He was prescribed a Medrol pack and Neurontin. The 5/13/15 lumbar spine CT scan impression documented no acute osseous findings. There were degenerative changes in the lumbar spine with degenerative disc disease, most significant at the L4/5 level. There was a partial transitional lumbosacral anatomy. The right L5 transverse process articulated within the body of the sacrum and there was a mild pseudoarthrosis. The 5/14/15 lumbar spine MRI documented degenerative disc disease at L4/5 with a left paracentral disc extrusion contacting the left L5 nerve root. The 6/18/15 treating physician report cited a 6-week history of left lower extremity radiculopathy and weakness. He

had been treated with pain medication, physical therapy, and epidural steroid injection with slight relief of his symptoms. He had difficulty walking long distances because of left lower extremity dorsiflexion weakness. Physical exam documented 4/5 extensor hallucis longus and tibialis anterior strength in the left lower extremity. There was diminished sensation in the left L5 dermatomal distribution. There was a positive straight leg raise, antalgic gait, and inability to heel walk. The treatment plan included revision of a left L4/5 microdiscectomy. Authorization was also requested for pre-operative labs, a post-operative electrocardiogram, a lumbar MRI, and a one-day stay. The 7/3/15 utilization review certified the request for left L4/5 microdiscectomy, assistant surgeon, and pre-op history and physical. The request for a one-day hospital stay was modified to outpatient consistent with the Official Disability Guidelines. The request for either a pre-operative or post-operative EKG was non-certified as there were no significant risk factors or a previous history of cardiac disease in this 31-year-old, or a rationale for post-operative need. The request for lumbar MRI was non-certified as there has been a recent MRI performed on 5/14/15 that demonstrated a recurrent, extruded disc herniation at L4/5 on the left with no rationale to support the medical necessity of repeat imaging. The non-specific request for pre-op labs was modified to pre-op CBC (complete blood count), PT (prothrombin time), PTT (partial thromboplastin), CMP (comprehensive metabolic panel), and UA (urinalysis).

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: One day stay: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 12th edition, Low Back, Discectomy; Best Practice Target (no complications) - Outpatient.

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: The California MTUS does not provide hospital length of stay recommendations. 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 median length of stay for a discectomy was 1 day, and best practice target was outpatient. Guideline criteria have been met for a one-day level given the significant level of pre-operative functional impairment. Therefore, this request is medically necessary.

Associated surgical services: Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic: MRIs (magnetic resonance imaging).

Decision rationale: The California MTUS guidelines state that unequivocal objective findings of specific nerve compromise on the neurologic exam are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The

Official Disability Guidelines state the repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recurrent disc herniation). Guideline criteria have not been met. This injured worker has a recurrent disc extrusion at the L4/5 level confirmed by MRI on 5/14/15. There is no significant change in interval neurologic exam or a specific rationale provided to support repeat imaging prior to surgical intervention. Therefore, this request is not medically necessary.

Associated surgical services: Post op- EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 13th edition, Low Back, Preoperative EKG.

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. There is no guideline recommendation for routine post-operative EKG. Guideline criteria have not been met for post-operative EKG. This 31-year-old patient has a negative past medical history with no known cardiac risk factors. A pre-operative clearance has been certified to allow for further exploration of risk factors. There is no rationale presented to support the medical necessity of this request at this time. Therefore, this request is not medically necessary.

Associated surgical services: Pre-op Lab: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 12th edition, Low Back, Preoperative Testing, Laboratory Testing.

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 not been met. A generic request for non-specific pre-operative lab work is under consideration. Basic lab testing would typically be supported for patients undergoing this procedure and general anesthesia and was certified in utilization review on 7/22/15. The medical necessity of a non-specific lab request cannot be established. Therefore, this request is not medically necessary.