

Case Number:	CM15-0146093		
Date Assigned:	08/07/2015	Date of Injury:	09/21/2009
Decision Date:	09/17/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/27/2015

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 51-year-old female who sustained an industrial injury on 9/21/09, relative to a fall. She underwent C5/6 and C6/7 cervical artificial disc replacement on 6/2/11, and subsequent C5-7 laminectomy and C3-T1 fusion on 7/30/14. Conservative treatment included medications, activity modifications, lumbar epidural steroid injection, physical therapy and home exercise program. The 10/29/14 lumbar spine MRI documented disc degeneration and disc height loss at L4/5 with a 2 mm diffuse and left foraminal disc bulge. There was mild facet arthropathy and mild foraminal narrowing, without significant central stenosis. At L5/S1, there was disc degeneration, and a 2-3 mm broad-based right posterolateral/foraminal disc bulge with mild facet arthropathy. There was mild encroachment of the right lateral recess and proximal right nerve or canal without evidence of nerve root compression. The 1/18/15 electrodiagnostic study evidenced chronic left L5 radiculopathy. She underwent left L4, L5, and S1 selective nerve root block on 6/22/15 with documented reduction in pain. The 6/27/15 treating physician report cited persistent grade 9/10 low back pain radiating to the left lower extremity. Pain reduced from 9/10 to 6/10 with Norco and Soma. Functional difficulty was reported with working, driving, and chores. She was not working. Physical exam documented normal range of motion, tenderness to palpation, normal gait, and extensor hallucis longus weakness. Referral to spine surgeon was recommended. The 7/1/15 treating physician report cited persistent low back pain with left lower extremity radiculopathy. She had failed conservative treatment, including two lumbar epidural steroid injections and therapy. At this time, she wants to proceed with surgery. Physical exam documented lumbar tenderness to palpation bilaterally and decreased sensation and weakness in

the L5 distribution on the left. The diagnosis was left L5/S1 radiculopathy. Authorization was requested for left sided L5/S1 microdecompression of nerve roots, with 1-2 inpatient stay, pre-operative medical clearance, and post-operative physical therapy 2 times a week for 6 weeks. The 7/22/15 utilization review non-certified the left L5/S1 microdecompression and associated surgical requests as there was no documentation of left L5 nerve root compression at the L5/S1 and no documentation that the injured worker had failed recent physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient left sided L5-S1 microdecompressions of nerve roots: 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 -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 in both 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. Guideline criteria have been essentially met. This injured worker presents with persistent and severe low back pain radiating into the left lower extremity in an L5 distribution. Clinical exam findings documented sensory and motor deficits consistent with electrodiagnostic evidence of left L5 radiculopathy. There is imaging evidence of plausible nerve root compression at the L5/S1 level. Selective nerve root block was positive. Evidence of long-term reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Associated surgical service: 1-2 inpatient 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 (ODG), LOS.

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 lumbar discectomy is 1 day and best practice target is outpatient. The recommended median length of stay for lumbar laminectomy is 2 days and best practice target is 1 day. This request is generally consistent with the median length of stay for decompression surgery. Therefore, this request is medically necessary.

Pre-operative medical clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preoperative Testing.

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. Middle-aged females have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient age and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Post-operative physical therapy 2x6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The California Post-Surgical Treatment Guidelines for surgical treatment of lumbar discectomy/laminectomy suggest a general course of 16 post-operative physical medicine visits over 8 weeks, during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical period. This is the initial request for post-operative physical therapy and, although it exceeds recommendations for initial care, is within the recommended general course. Therefore, this request is medically necessary.