

Case Number:	CM15-0164570		
Date Assigned:	09/01/2015	Date of Injury:	01/14/2015
Decision Date:	10/20/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/21/2015

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: California

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:

The injured worker is a 47 year old male who sustained an industrial injury on 1-14-15. A Workman's Compensation New Patient Evaluation, dated 3-16-15, indicates that the injured worker developed a "twitch" in his back after repeatedly carrying a heavy object up a flight of steps. The report indicates two days later, he complained of "severe lower back pain and developed tingling in his left leg". He was evaluated by medical personnel and treated with medications and physical therapy. His left leg pain was persistent and he underwent a lumbar MRI. He was diagnosed with low back pain, left leg lumbar radiculitis, multilevel lumbar degenerative disc disease at L2-3, L3-4, and L4-5, prior right lower lumbar decompression, and possible anxiety and depression syndrome secondary to industrial injury. It was recommended that he undergo a transforaminal selective nerve root block. This was completed on 6-23-15. On 7-13-15, he presented to the workman's comp provider for follow-up. The report states that he had "a prior history of undergoing contralateral right-sided lumbar laminectomy in August 2010". He presented with complaints of back weakness, back pain, and left leg pain. He also complained of left leg numbness and tingling. The treatment recommendations were for him to undergo a "limited decompression with left L4-L5 level". MRI lumbar spine from 2/19/15 demonstrates moderate to severe left foraminal stenosis at L3/4 and L4/5. Exam note from 8/10/15 demonstrates weakness in the left posterior tibialis, left peroneal and left EHL. 80% sensation is noted in the left L5 dermatome. The request for authorization was for "microscope assisted left L4-5 hemilaminectomy with foraminotomy and partial medial facetectomy". The

request for authorization includes a 1-2 day inpatient hospital stay, orthopedic assistant, and preoperative history and physical, labs, and EKG. This was dated 7-27-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 hemilaminectomy with foraminotomy and partial medial: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: CA MTUS/ACOEM Low back complaints, page 308- 310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient there is clear documentation of a L5 lumbar radiculopathy. Therefore the guideline criteria have been met and determination is for certification. The request is medically necessary.

Pre-op History: 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, Preoperative testing.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 47 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior

to the proposed surgical procedure. Therefore the determination is for non-certification. The request is not medically necessary.

Pre-op Labs: 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, Preoperative testing.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 47 year old without comorbidities or physical examination findings concerning to warrant preoperative labs prior to the proposed surgical procedure. Therefore the determination is for non-certification. The request is not medically necessary.

Pre-op EKG: 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, Preoperative testing.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing,

regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 47 year old without cardiac disease to warrant preoperative EKG prior to the proposed surgical procedure. Therefore the determination is for non-certification. The request is not medically necessary.