

<b>Case Number:</b>	CM15-0190110		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	12/03/2014
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 44-year-old male who sustained an industrial injury on 12/3/14. Injury occurred when the big rig truck he was driving jack-knifed and struck the center divider of the freeway. Conservative treatment included activity modification, medications, chiropractic, and home exercise program. He underwent left L5 and S1 transforaminal selective epidural steroid injections on 6/4/15. The 8/5/15 lumbar spine MRI impression documented congenitally narrow spinal canal inferior to L3/4, and a partially lumbarized S1 level. There was mild facet hypertrophy, disc/endplate degeneration with posterior annular tear and disc bulge producing mild L4/5 and L5/S1 spinal stenosis and minimally contacting the L5 and S1 nerve roots in the axillary recesses. There was mild bilateral L4/5 and L5/S1 foraminal narrowing. The disc bulge at L4/5 and L5/S1 appear slightly decreased in severity since the prior MRI on 12/30/14. The 8/5/15 lumbar spine x-ray conclusion documented mild lower lumbar spondylitic change with no transient changes to suggest significant dynamic segmental instability. The 8/13/15 electrodiagnostic study findings were reported indicative of an L4/5 radiculopathy. The 8/21/15 agreed medical examiner (AME) report documented constant low back pain radiating into the left leg and ankle. Low back and lower extremity exam documented inability to toe/heel walk, moderate loss of lumbar range of motion, positive straight leg raise, decreased left S1 sensation, and absent left Achilles reflex. A slight improvement was noted on imaging relative to the size of the L5/S1 disc herniation, however the injured worker continued to have compressive neuropathy affecting primarily the left S1 nerve root. The AME recommended surgical consultation for possible decompression of the lumbar spine. The 9/2/15 orthopedic surgeon

report cited grade 7/10 low back pain radiating into the left leg along an S1 distribution to the left heel. He had subjective weakness into the left leg. Conservative treatment included chiropractic, anti-inflammatories, and lumbar epidural steroid injection with very temporary relief of pain. Physical exam documented normal gait, sciatic notch tenderness to palpation, decreased left S1 dermatomal sensation, and a positive left straight leg raise. Imaging on 8/5/15 showed axillary recess narrowing at the left L5/S1 with effacement of the left S1 nerve root. The L5/S1 segment was transitional and there was an S1/S2 segment. The treating physician indicated that the injured worker had exhausted his conservative treatment modalities, and a left L5/S1 partial laminectomy medial facetectomy was discussed in order to decompress the left S1 nerve root. The injured worker was currently not working. Authorization was requested for left L5/S1 transition section partial laminectomy and medial facetectomy, an assistant surgeon and a pre-operative appointment. The 9/16/15 utilization review non-certified the left L5-S1 transition section partial laminectomy and medial facetectomy and associated requests for a pre-operative appointment and an assistant surgeon as there was no significant compression of the left S1 nerve documented on the MRI report.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left L5-S1 transition section partial laminectomy, laminectomy and medical facetectomy:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter-Discectomy/laminectomy.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. 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 met. This injured worker presents with persistent and function-limiting low back pain radiating into the left lower extremity to the heel/ankle consistent with an S1 distribution. Clinical exam findings are consistent with imaging evidence of plausible left S1 nerve root compromise and lateral recess stenosis. There is electrodiagnostic evidence consistent with an L4/5 radiculopathy. Detailed evidence of a recent, reasonable and/or comprehensive non-

operative treatment protocol trial and failure has been submitted. Although there is some improvement noted in the size of the disc herniation at L5/S1, the injured worker continues to demonstrate compressive neuropathy on physical exam. Therefore, this request is medically necessary at this time.

**Associated surgical services: Pre-op appointment:** 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 Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92 and 93.

**Decision rationale:** The California Official Medical Fee Schedule states that, under most circumstances, including ordinary referrals, the immediate preoperative visit in the hospital or elsewhere necessary to examine the patient, complete the hospital records, and initiate the treatment program is included in the listed value for the surgical procedure. There is no compelling reason to support the medical necessity of a separate certification for the history and physical which is part of the pre-operative process. Therefore, this request is not medically necessary.

**Associated surgical services: Assistant surgeon:** 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 Centers for Medicare and Medicaid services, Physician Fee Schedule: Assistant Surgeons, <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

**Decision rationale:** The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures, which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT code 63005, there is a 2 in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.