

Case Number:	CM15-0201433		
Date Assigned:	10/16/2015	Date of Injury:	04/13/2007
Decision Date:	11/30/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/13/2015

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 49-year-old male who sustained an industrial injury on 4/13/07. The mechanism of injury was not documented. Conservative treatment had included physical therapy, medication management, and activity modification. The 7/24/15 progress report cited low back pain radiating down the right leg with weakness, especially going up and down steps. Physical exam documented decreased right L3 sensation and 4+/5 right quadriceps weakness. X-rays showed L5/S1 spondylolisthesis with loss of disc height at L3/4, L4/5, and L5/S1. The injured worker was having right leg weakness and numbness in a possible L3 distribution. Lumbar spine MRI and bilateral lower extremity EMG/NCV were recommended. The 8/15/15 chiropractic progress report indicated that the injured worker had severe low back pain radiating to the right knee with antalgic lean. Nerve tension signs were positive on the right. The treatment plan included manipulation, exercise, and physical therapy modalities. The 8/27/15 lumbar spine MRI impression documented multilevel degenerative disc disease with central canal and lateral recess stenosis in the lower lumbar spine with marked accentuation of lumbar lordosis at the lumbosacral junction. At the L2/3 level, there was minimal retrolisthesis with mildly narrowed disc space with moderate desiccation. There was a massive right paracentral disc extrusion with caudal migration into the right lateral recess of L3 down to the L3/4 foraminal opening. There was severe compression of the right thecal sac, intradural L3 nerve roots, and budding right L3 nerve root sleeve. The disc fragment measured 23 mm in length, 8 mm in depth, and 13 mm in width. There was moderate central canal stenosis and patent neural foramina at the L2/3 level. The 9/4/15 treating physician report cited persistent quadriceps weakness. He did not have the strength on the right side, whether going up or down steps,

walking, or running. Imaging showed a massive disc herniation at L2/3 on the left with central stenosis. Due to weakness in the right quadriceps, surgery was recommended. Authorization was requested for outpatient right L2/3 laminectomy, assistant surgeon, and medical clearance. The 9/30/15 utilization review non-certified the outpatient right L2/3 laminectomy and associated requests for assistant surgeon, and medical clearance as there was no evidence that the injured worker had failed recent conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient laminectomy at right L2-3: 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 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 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. Guideline criteria have been met. This injured worker presents with severe low back pain radiating into the right lower extremity. Clinical exam findings are consistent with imaging evidence of a large disc extrusion with nerve root compromise. 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.

Associated surgical service: 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 63030, 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.

Associated surgical service: medical clearance: 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. Middle-aged males have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient age, plausible long-term use of non-steroidal anti-inflammatory drugs, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.