

Case Number:	CM15-0051556		
Date Assigned:	03/25/2015	Date of Injury:	10/08/2012
Decision Date:	05/11/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/18/2015

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:

The injured worker is a 34-year-old male who sustained an industrial injury on 10/8/12. Injury occurred when he was picking up a heavy bucket of potatoes and water. Past medical history was positive for hypertension. Conservative treatment included chiropractic treatment, medications, physical therapy, home exercise program, and activity modification without sustained relief. He was provided L4/5 and L5/S1 transforaminal epidural steroid injections without relief, left L3-S1 medial branch blocks with no pain relief, trigger point injections, and sacroiliac joint injection without relief. The 9/13/14 lumbar spine MRI findings documented 3 mm broad-based L4/5 protrusion with fissuring with slight flattening of the ventral thecal sac, minor crowding of the subarticular gutters, very early degeneration of the facet, and minimal crowding of the neuroforaminal outlets. The disc was dehydrated but not narrowed. Compared to the prior study, the L4/5 disc herniation had retracted slightly, with less mass effect seen now at the left subarticular gutter than before. There was a minor disc bulge and fissuring at L3/4. The 2/24/15 electrodiagnostic study documented bilateral absence of the peroneal F-waves which may be seen in bilateral disorders of the L5 nerve roots but which should be considered non-specific. There was no diagnostic evidence of lumbosacral radiculopathy or peripheral nerve compression in the lower extremities. The 2/25/15 treating physician report cited progressive sciatic pain radiating to the left anterolateral calf and dorsum of the feet, and intermittent left sided foot drop. Physical exam documented normal lumbar range of motion, left sacroiliac sulcus tenderness, and positive sacroiliac provocative testing. There was left 4/5 tibial anterior and 4-/5 extensor hallucis longus and peroneal weakness. Deep tendon reflexes were symmetrical and 2+.

Sensation was diminished over the left anterolateral calf, dorsum foot and 1st web space. The treating physician reported that the patient had failed physical therapy and 4 epidural steroid injections. He had left foot drop and stenosis on the MRI. Left L4/5 laminectomy and decompression was recommended. The 3/10/15 utilization review non-certified the request for left L4/5 laminectomy and decompression as there was no imaging evidence of significant disc herniation or stenosis that correlated with the side and level of the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 laminectomy decompression and anti-adhesion barrier: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation website, <http://www.ncbi.nlm.nih.gov/pubmed/9506196>.

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 i;½ 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 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 signs/symptoms and clinical exam findings of L5 radiculopathy that are consistent with imaging evidence of plausible neurocompression at the L4/5 level. 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.

Assistant surgeon: 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), Low Back.

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.

Lumbar corset: 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), Low Back, Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 12 Low Back Disorders. (Revised 2007) page(s) 138-139.

Decision rationale: The California MTUS guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The revised ACOEM Low Back Disorder guidelines do not recommend the use of lumbar supports for prevention or treatment of lower back pain. However, guidelines state that lumbar supports may be useful for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Therefore, this request is medically necessary.