

Case Number:	CM15-0083406		
Date Assigned:	05/05/2015	Date of Injury:	10/23/2013
Decision Date:	06/04/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	04/30/2015

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: New York
 Certification(s)/Specialty: Neurological 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 53 year old male, who sustained an industrial injury on 10/23/13. He reported pain in the neck, left shoulder, back and left arm. The injured worker was diagnosed as having lumbar spine strain, cervical spine strain, degenerative disc with myelopathy, and cervical spine spondylosis. Treatment to date has included a L4-5 root block on 1/30/15, a 2 level anterior cervical discectomy and fusion on 10/28/14, physical therapy, and medications. A MRI of the lumbar spine obtained on 4/8/15 revealed transitional lumbosacral morphology with mild levoscoliosis and mild multifactorial central canal and bilateral neural foraminal stenosis at L4-5. Currently, the injured worker complains of back pain with bilateral leg pain, weakness, numbness, and tingling more on the left than right side. The treating physician requested authorization for laminectomy with foraminotomies at L4-5, assistant surgeon, 1-3 day inpatient stay, preoperative clearance in house, preoperative electrocardiogram, preoperative chest x-rays, lumbosacral orthosis back brace, a walker, a commode, postoperative in home physical therapy x 8 sessions, postoperative physical therapy x 8 sessions, and a registered nurse evaluation for wound check with possible home health attendant services. Other requests included preoperative CMP, PT, PTT, CBC, and UA.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminectomy with foraminotomies at L4, L5: 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): s 305 and 306.

Decision rationale: The California MTUS guidelines recommend surgery when the patient has had severe persistent, debilitating lower extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. The MRI scan shows short pedicles and facet overgrowth producing stenosis. Documentation provides clinical complaints of radiculopathy and the patient has not improved with lumbar epidural steroid injections. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested treatment: Laminectomy with foraminotomies at L4,L5 is Medically necessary and appropriate.

Assistant surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is medically necessary, the associated services are medically necessary.

Associated surgical service: 1-3 day inpatient stay: 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 Official Disability Guidelines (ODG) Low Back Chapter-Hospital length of stay.

Decision rationale: ODG guidelines indicate the median length of stay is 2 days for laminectomy and mean of 3.5 days. The requested treatment: Associated surgical service: 1-3 day inpatient stay follows the guidelines and is Medically necessary and appropriate.

Preop clearance in house: 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 Chapter-preoperative testing general.

Decision rationale: ODG guidelines note that except for cataract surgery there is insufficient evidence comparing routine and per-protocol testing preoperatively. Documentation does not provide clinical evidence to support in house preoperative clearance. The requested treatment: Preop clearance in house is NOT Medically necessary and appropriate.

Preop CMP, PT, PTT, CBC, UA: 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 Chapter-preoperative testing, general.

Decision rationale: ODG guidelines note that except for cataract surgery there is insufficient evidence comparing routine and per-protocol testing preoperatively. Documentation does not provide clinical evidence to support preoperative testing. The guidelines recommend testing guided by the patient's clinical history, comorbidities and physical examination findings. The requested treatment: Preop CMP, PT, PTT, CBC, UA is NOT Medically necessary and appropriate.

Preop 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 Chapter-Preoperative electrocardiogram (ECG).

Decision rationale: The ODG guidelines do recommend preoperative electrocardiogram (ECG) for patients undergoing high risk surgery or for those patients undergoing intermediate-risk surgery who have additional risk factors. Documentation does not contain information about additional risk factors and a laminectomy is not a high risk operation. The requested treatment: Preop EKG is NOT Medically necessary and appropriate.

Preop chest xrays: 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 Chapter-Preoperative testing, general.

Decision rationale: ODG guidelines do recommend chest radiography for patients at risk of postoperative pulmonary complications if the results would change postoperative management. Documentation does not provide information of the patient's pulmonary risks. The requested treatment: Preop chest xrays is NOT Medically necessary and appropriate.

Associated surgical service: LSO back brace: 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 chapter, Lumbar supports.

Decision rationale: The ODG guidelines note that the use of post operative back braces is under study. This patient is not undergoing a fusion and the ODG guidelines do not recommend supports for prevention. They quote there is strong evidence that supports are not effective in preventing low back pain. The requested treatment: Associated surgical service: LSO back brace is NOT Medically necessary and appropriate.

Associated surgical service: Walker: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter-Walking aids.

Decision rationale: ODG guidelines do recommend the use of walkers. This is preferable for patients who have bilateral disease problems. The requested treatment: Associated surgical service: Walker Is Medically necessary and appropriate.

Associated surgical service: Commode: 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) Knee Chapter-Durable medical equipment.

Decision rationale: The ODG guidelines do recommend a commode when it is medically necessary. The postoperative mobilization of the patient having low back surgery may certainly be enhanced with the safety of the commode. The requested treatment: Associated surgical service: Commode is Medically necessary and appropriate.

Postop in home physical therapy, 8 sessions: 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) Physical Therapy chapter-post-surgical rehab.

Decision rationale: The ODG guidelines note that exercise programs starting 4-6 weeks post surgery seem to lead to a faster decrease in pain and disability. The guidelines allow for 16 visits over 8 weeks for laminectomy. Documentation does not supply information about why 8 sessions of in home physical therapy would be needed. The ODG Physical therapy guidelines recommend the principle of fading be used as well as a strong self-directed home PT. The requested treatment: Postop in home physical therapy, 8 sessions is NOT Medically necessary and appropriate.

Postop outpatient physical therapy, 8 sessions: 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) Physical Therapy Chapter-post surgical treatment-laminectomy.

Decision rationale: The ODG guidelines note that exercise programs starting 4-6 weeks post surgery seem to lead to a faster decrease in pain and disability. The guidelines allow for 16 visits over 8 weeks for laminectomy. Documentation does not supply information about why 8 sessions of outpatient physical therapy would be ordered. The ODG Physical therapy guidelines recommend the principle of fading be used as well as a strong self-directed home PT. The requested treatment: Postop outpatient physical therapy, 8 sessions is NOT Medically necessary and appropriate.

Associated surgical service: RN evaluation for wound check with possible HHA services:
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 chapter-home health services.

Decision rationale: The ODG guidelines recommend home health services if the patient is homebound. Documentation does not indicate why this would be the case following a laminectomy. The lumbar wound would not be so complex to require evaluation unless there were complications which would require the patient to go to the emergency room. Documentation does not supply information as to other medical conditions which would require assessment and treatment. The requested treatment: Associated surgical service: RN evaluation for wound check with possible HHA services is NOT Medically necessary and appropriate.