MAXIMUS Federal Services

Case Number:	CM15-0015123		
Date Assigned:	02/03/2015	Date of Injury:	07/14/2013
Decision Date:	03/23/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	01/27/2015

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 54 year old male, who sustained an industrial injury on 7/14/2013. The 4/22/2014 lumbar magnetic resonance imaging (MRI) showed a large, left paracentral disc protrusion/extrusion resulting in left lateral recess stenosis with compression and displacement of the left S1 nerve root. There was moderate right foraminal stenosis with contact of the right S1 nerve root. The 10/14/14 spine surgeon report cited constant grade 6-7/10 low back pain radiating through the buttocks and thighs down into the feet with numbness in the middle toes. Symptoms were aggravated by sitting, standing, walking, driving, and household chores. Functional limitation was documented in walking, standing, and sitting tolerance. Medications included Ultram, Lyrica, Flexeril, and Elavil. Physical exam documented antalgic heel-toe gait with wide stance favoring the left, ability to walk on heels and toes with some difficulty, and diminished range of motion with pathologic discomfort at end-range flexion/extension. There was slight right anterior tibialis and extensor hallucis longus weakness and normal deep tendon reflexes. Sensation was diminished over the right L5 dermatome. Straight leg raise was positive bilaterally. The diagnosis was L5/S1 disc herniation, lumbar radiculopathy and lumbar degenerative disc disease. The surgeon documented no improvement with conservative treatment over the past year, including epidural steroid injection and medications. Left L5/S1 microdiscectomy was recommended. The 1/20/15 treating physician report cited chronic persistent back and bilateral leg pain. Physical exam documented very limited lumbar motion, tenderness, slow gait, and ambulation with a cane. The diagnosis was low back pain with sciatica and L4/5 and L5/S1 disc disease. The treating physician indicated he would defer to the spine

surgeon who felt he was a surgical candidate. Medications were continued. He was off work. Authorization was requested by the primary treating physician for L5/S1 microdiscectomy, pre-operative labs, EKG, and physical therapy x 12 visits. Authorization was requested for spinal surgery and related services. On 1/27/2015 Utilization Review (UR) non-certified requests for Outpatient L5-S1 Microdiscectomy, Pre-operative Labs, electrocardiogram and Postoperative physical therapy times 12 sessions. The Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) Guidelines and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient L5-S1 Microdiscectomy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Low Back Lumbar & Thoracic: Discectomy/laminectomy

Decision rationale: The California MTUS supports surgical consideration for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Additional criteria include activity limitations due to radiating leg pain, extreme progression of lower leg symptoms, failure of conservative treatment, and clear clinical, imaging, and electrophysiologic evidence of a surgical lesion. The Official Disability Guidelines recommend criteria for lumbar discectomy and laminectomy 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 patient presents with signs/symptoms and clinical exam findings of radiculopathy, consistent with imaging evidence of L5 nerve root compression. There is significant and persistent radicular pain and associated functional limitation. 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.

Pre-Op Labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Lumbar & Thoracic: Preoperative lab testing

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. The Official Disability Guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on the patient's clinical history, comorbidities, and physical exam findings. Although basic lab testing is typically supported for patients undergoing general anesthesia, the medical necessity of a non-specific request cannot be established. Therefore, this request is not medically necessary.

EKG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Lumbar & Thoracic: Pre-operative electrocardiogram (ECG)

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. The Official Disability Guidelines indicate that pre-op EKG is recommended for patients undergoing intermediate risk surgery with known risk factors of coronary disease. Middle aged males who are obese with a recent smoking history have known occult increased risk factors for cardiac disease that support the medical necessity of pre-procedure EKG. Therefore, this request is medically necessary.

12 Post-Op Physical Therapy Sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for lumbar discectomy/laminectomy suggest a general course of 16 post-operative visits over 8 weeks during the 6-month post-surgical treatment period. An initial course of therapy would typically be supported for one-half the general course or 8 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This is the initial request for post-operative physical therapy. Although this request exceeds recommendations for initial care, it is consistent with the recommended general course. Therefore, this request is medically necessary.