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| Case Number: | CM15-0124190 | | |
| Date Assigned: | 07/08/2015 | Date of Injury: | 02/17/2014 |
| Decision Date: | 08/05/2015 | UR Denial Date: | 06/08/2015 |
| Priority: | Standard | Application Received: | 06/27/2015 |

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:

This injured worker is a 28-year-old male who sustained an industrial injury on 2/17/14. The mechanism of injury was not documented. He underwent an L4/5 microdiscectomy and L5/S1 discectomy with microdissection of the cauda equina and nerve roots on 9/25/14. Records indicated that the injured worker had persistent low back and bilateral leg complaints in the post-operative period. The 3/19/15 orthopedic consult report indicated that the injured worker had undergone prior epidural injections and a right lumbar decompression at the L4/5 and L5/S1 levels on 9/25/14 by another surgeon. The injured worker remained quite symptomatic with persistent right lumbar radiculopathy following surgery. Neurodiagnostic testing in February 2015 was unremarkable. An updated lumbar MRI documented persistent impingement and lateral recess stenosis at the L4/5 and L5/S1 levels. The 10/2/14 lumbar spine MRI with and without contrast showed postsurgical changes at L4/5 and L5/S1 with enhancing, surrounding granulation tissue in the anterior and right posterior epidural space resulting in severe narrowing of the right lateral recess with possible impingement on the right L5 and S1 nerve roots, and severe tapering collapse of the thecal sac at the L5/S1 level that may be due to mass effect by the surrounding granulation tissue. Physical exam documented marked right lower lumbar tenderness, positive right straight leg raise at 35 degrees, and hypesthesia in the right L5 and S1 distribution with absent right Achilles reflex. The treatment plan recommended a revision decompression of the lateral recess at the L4/5 and L5/S1 levels. Authorization was requested for revision decompression of the lateral recess at L4/5 and L5/S1 and associated surgical requests for an assistant surgeon and history and physical. The 6/8/15 utilization review non-certified the revision decompression of the lateral recess at L4/5 and L5/S1 and associated surgical requests for an assistant surgeon and history and physical as there was no official MRI report submitted by to verify the noted findings and correlate with clinical exam findings, and neuro-diagnostic testing was unremarkable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision decompression of the lateral recess at L4-L5 and L5-S1: Overturned

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

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 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 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 low back pain and right lower extremity radiculopathy following prior L4/5 and L5/S1 lumbar decompression. Clinical exam findings are consistent with imaging evidence of severe lateral recess stenosis and possible nerve root compression of the right L5 and S1 nerve roots. 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 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.

Associated surgical services: History and physical: 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 92-93.

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. There are no significant comorbidities documented. Therefore, this request is not medically necessary.