

Case Number:	CM15-0125861		
Date Assigned:	07/10/2015	Date of Injury:	04/09/2013
Decision Date:	08/07/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/29/2015

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 51-year-old male who sustained an industrial injury on 4/09/13, relative to cumulative trauma as a machine operator. Past medical history was positive for pre-diabetes. Past surgical history was positive for left carpal tunnel and trigger thumb release. Conservative treatment for the low back included medications, epidural steroid injection, physical therapy, and activity modification. The 8/4/14 lumbar spine CT scan impression documented a 2 mm central disc protrusion at L3/4 with mild hypertrophic facet changes and no evidence of spinal stenosis. At L4/5, there was a 2 mm central disc protrusion with moderate facet hypertrophy and mild bilateral lateral recess stenosis. At L5/S1, there was an area of left posterolateral spurring with moderate to severe left lateral recess stenosis and moderate facet hypertrophy. There was no significant disc protrusion present. The 8/25/14 treating physician report documented review of a lumbar spine MRI with evidence of disc desiccation with protrusion, more towards the left side at L5/S1 with impingement of the left S1 nerve root. Records from 8/25/14 through 4/7/15 documented persistent low back pain radiating to the left leg with findings of left S1 radiculopathy. The 5/4/15 treating physician report cited low back pain radiating to the left leg with numbness. Lumbar spine exam documented left sciatic notch tenderness, decreased left S1 distribution, diminished left Achilles reflex, positive straight leg raise on the left, and intact lower extremity motor function. The diagnosis included L5/S1 left sided disc herniation with left S1 radiculopathy. The injured worker was off work. Authorization was requested for left sided L5-S1 hemilaminotomy and microdiscectomy, internal medicine pre-operative clearance, and RN assessment for post-operative wound care and home aid for one visit. The 6/5/15 utilization

review non-certified the left sided L5/S1 hemilaminotomy and microdiscectomy and associated requests as there were no documented significant MRI findings. The 6/19/15 treating physician report cited low back pain radiating to the outer part of his left foot with numbness. Physical exam documented decreased lumbar range of motion, decreased sensation in the left S1 dermatome and positive left straight leg raise. The injured worker had a disc herniation on the left at L5/S1 with impingement of the left S1 nerve root with symptoms of left S1 radiculopathy and S1 dermatomal distribution. Surgery was again requested for left L5/S1 hemilaminotomy and microdiscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sided L5-S1 hemilaminotomy and microdiscectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Microdiscectomy.

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 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 radiating to the left foot with numbness in an S1 dermatomal distribution. Clinical exam findings are consistent with imaging evidence of lateral recess stenosis and reported S1 nerve root impingement. 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.

Internal medicine preoperative clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.guideline.gov/content.aspx?id=48408.

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, pre-diabetes, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

RN assessment for postoperative wound care and home aid for 1 visit: 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), Pain Chapter, Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Guideline criteria have not been met. There is no evidence that this injured worker would be homebound following surgery and require assistance in wound care management. There are no details regarding the type of home aid services being requested to establish the medical necessity of this request. Therefore, this request is not medically necessary.