MAXIMUS Federal Services

Case Number:	CM15-0171083		
Date Assigned:	09/10/2015	Date of Injury:	12/16/2013
Decision Date:	10/12/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/31/2015

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 22-year-old male who sustained an industrial injury on 12/16/13. Injury occurred while he was stocking a shelf and he bent down to place a box on a shelf. Conservative treatment included physical therapy, acupuncture, home exercise program, activity modification, and anti-inflammatory medications. The 10/10/14 lumbar spine MRI impression documented with disc desiccation, decreased disc height, and a 6 mm central and slightly right-sided disc extrusion at L4/5, extending caudally within the spinal canal encroaching upon the ventral aspect of the thecal sac and descending right L5 nerve root. At L5/S1, there was mild disc desiccation with 4 mm broad-based left disc protrusion extending into the left neural foramen and abutting the exiting left L5 nerve root. The 6/24/15 spine surgery consult report cited constant severe low back pain with tingling to both lower extremities. Medications included Naprosyn and Tylenol with codeine. Physical exam documented normal gait and ability to walk on his toes and heels. Lumbar spine exam documented paravertebral muscle tenderness to palpation, painful and restricted lumbar extension, and negative straight leg raise. Neurologic exam documented weakness over the right extensor hallucis longus, intact sensation, and 1+ and symmetrical deep tendon reflexes. Imaging revealed disc desiccation with a right-sided disc extrusion at L5/S1 with caudal extension encroaching on the right L5 nerve root, and a small left disc protrusion at L5/S1. The injured worker had failed all appropriate conservative management and had weakness in the leg. Surgical decompression was recommended, including right L4/5 hemilaminectomy and discectomy. The 7/23/15 treating physician report cited significant low back pain with radiation of painful numbness into his lower extremities. The spine surgeon

recommended surgery based on the size of the extrusion and mechanical effect on the nerves. Additional pain management was not recommended. Physical exam documented lumbar tenderness, restricted range of motion, and tom straight leg raise. The diagnosis was lumbosacral strain, arthrosis, and discopathy at L5/S1 with large L4/5 disc herniation/extrusion. Authorization was requested for right L4-5 hemilaminotomy and discectomy, pre-operative clearance, and post-operative physical therapy for the lumbar spine 2 times a week for 3 weeks, 6 sessions. The 8/6/15 utilization review non-certified the right L4-5 hemilaminotomy and discectomy and associated requests as conservative treatment had not been exhausted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 hemilaminotomy and discectomy: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. 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 severe low back pain with tingling radiating into both lower extremities. Functional limitations have precluded return to work. Clinical exam findings are consistent with imaging evidence of nerve root compromise. Detailed evidence of a reasonable non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Pre-operative medical clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 13th Edition (web), 2015, Low Back Chapter, Preoperative testing.

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 females have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on long-term use of non-steroidal anti-inflammatory drugs, magnitude of the procedure, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Post-operative physical therapy 2 times per week for 3 weeks for the lumbar spine, quantity: 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

Decision rationale: The California Post-Surgical Treatment Guidelines for lumbar decompression suggest a general course of 16 post-operative physical medicine visits over 8 weeks, during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 8 visits. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. 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 period. This is the initial request for post-operative physical therapy and consistent with guideline recommendations. Therefore, this request is medically necessary.