

Case Number:	CM15-0174166		
Date Assigned:	09/25/2015	Date of Injury:	11/10/2014
Decision Date:	11/06/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/03/2015

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, Montana

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 38 year old male, who sustained an industrial injury on November 10, 2014. He reported a sharp pain in his low back. The injured worker was currently diagnosed as having cervical sprain and strain, hyperflexion-hyperextension injury, L5-S1 discopathy and disc herniation syndrome with radiculopathy on the right and L5-S1 herniated nucleus pulposus. Treatment to date has included medication, cold packs, physical therapy with mild relief, acupuncture with temporary relief and diagnostic studies. On June 26, 2015, an MRI showed an 11mm midline and left paracentral disc extrusion at L5-S1, which was resulting in abutment and displacement of the descending left S1 nerve root with high-grade narrowing of the left lateral recess as well as abutment of the descending right S1 nerve root. There was a moderate degree of central canal narrowing noted at this level. On July 31, 2015, the injured worker complained of aching pain in his lower back with pins and needles sensation. He had numbness and tingling in the left leg, extending to the left foot. The pain was rated as a 5 to a 7.5 on a 1-10 pain scale. He was noted to be "exquisitely uncomfortable." Physical examination revealed significant tenderness in the paralumbar musculature. He had sciatic stretch signs and a positive straight leg raise test on the left at 40-45 degrees in both the supine and seated position. Contralateral straight leg raise testing produced back pain on straight leg raise testing of 65-70 degrees both in seated and supine position. The midline lumbar spine from the thoracic spine down had significantly reduced range of motion. The treatment plan included an L5-S1 left-sided hemilaminotomy and discectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Two (2) day hospital stay: Overturned

Claims Administrator guideline: The Claims Administrator 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 (LOS).

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 (LOS).

Decision rationale: The ODG guidelines note that the LOS for laminectomy is median 2 days, mean of 3.5 and best practice target is one day. The requested treatment: Associated surgical service: Two (2) day hospital stay is medically necessary and appropriate.

One time psychological clearance: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: While the California MTUS guidelines do note the wisdom of a psychological assessment prior to lumbar surgery, it would be most appropriate if there are items in the history that would indicate its necessity. The requested treatment: One time psychological clearance is medically necessary and appropriate.

Post-operative follow up with MD for two to three (2-3) days: Overturned

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, Office visits.

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-Office visits.

Decision rationale: The ODG guidelines do recommend office visits as determined to be medically necessary. The requested treatment: Post-operative follow up with MD for two to three (2-3) days is medically necessary and appropriate.

Post-operative evaluation by an RN after the first 24 hours that the patient is home: 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, Office visits.

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 guides do recommend home health services for medical treatment of the homebound patient. Documentation does not explain why a patient having a laminectomy/discectomy might expect to need the evaluation of an RN after the first 24 hours the patient is at home. The requested treatment: Post-operative evaluation by an RN after the first 24 hours that the patient is home is not medically necessary and appropriate.

Home health; duration/frequency determined postoperatively: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 guides do recommend home health services for medical treatment of the homebound patient. Documentation does not explain why a patient having a laminectomy/discectomy might expect to need home health services. The requested treatment: Home health; duration/frequency determined postoperatively is not medically necessary and appropriate.

Associated surgical service: TLSO brace: 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), Low Back Chapter, Back brace, post operative (fusion).

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 do not recommend a lumbar support to prevent low back pain and they note that the utility post-operatively to try to enhance fusion rates is under study. The patient only is to have a hemilaminectomy and discectomy. Documentation does not contain a rationale to explain why the brace is needed. The requested treatment: Associated surgical service: TLSO brace is not medically necessary and appropriate.

Post-operative Zofran 8mg #10, 1 tab every 8 hours as needed: 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, Antiemetics (for opioids nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medication chapter-Antiemetics.

Decision rationale: The ODG guidelines do recommend Ondansetron (Zofran) as FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment and post-operative use and gastroenteritis. Documentation does not indicate any of these conditions is expected after the patient would leave the hospital. The requested treatment: Post-operative Zofran 8mg #10, 1 tab every 8 hours as needed is not medically necessary and appropriate.

Post-operative Duracef 500mg, 1 tab twice daily for 7 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/duricef.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious disease chapter-Duricef-cefadroxil, anti-microbial prophylaxis and skin and soft tissue injections.

Decision rationale: The ODG guidelines note that antibiotic administration to patients who have prosthesis have been controversial for decades. The guidelines recommend treatment of known infections. Coverage of an operation is usually only one or two doses on the day of surgery. The requested treatment: Post-operative Duracef 500mg, 1 tab twice daily for 7 days is not medically necessary and appropriate.