

Case Number:	CM15-0029786		
Date Assigned:	02/23/2015	Date of Injury:	09/12/1997
Decision Date:	07/21/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/17/2015

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 56-year-old male who sustained an industrial injury on 9/12/97, relative to swinging a sledgehammer. Past medical history was positive for hypertension and asthma. Past surgical history was positive for left L5 laminectomy in 1990, L3/4 laminectomy on 6/13/11, and redo right hemilaminotomy at L3/4, left hemilaminotomy at L5, microdiscectomy at right L3/4 and left L4/5, transforaminal root decompression on the right at L3, medial facetectomy and foraminotomy right L3/4, and left L4/5, and revision of os scar on 1/22/14. The 1/7/15 lumbar spine MRI documented an 11 mm left central and lateral recess recurrent disc extrusion at L4/5, which severely narrowed the left lateral recess impinging the left L5 nerve root. There was also a 7 mm left foraminal extrusion with 7 mm cephalad extension in the left neural foramen, which severe narrowed the left neural foramen in combination with residual facet hypertrophy that had progressed since prior exam. There had been a left hemilaminectomy and partial discectomy at this level. There were post-surgical changes also documented at L2/3/3, L3/4, and L5/S1. The 1/22/15 treating physician report cited continued pain and severe left lower extremity weakness, with his entire left foot now numb. He reported that his left leg gave way a few days prior causing him to fall. Physical exam documented a severe limp on the left and inability to heel/toe stand on the left. There was 2.5/5 extensor hallucis longus weakness and 3/5 anterior tibialis weakness on the left. Sensation was decreased throughout the left lower extremity, and Achilles reflex was diminished on the right. Straight leg raise was positive on the left. Authorization was requested for re-do microdiscectomy at L4/5 on the left. Additional surgical requests included a three-day inpatient hospital stay, preoperative laboratory testing including SMA18, and preoperative medical clearance including history and physical. The 2/4/15 utilization review approved the requests

for re-do microdiscectomy at L4 to L5 on the left, pre-op medical clearance, chest x-ray, EKG, pre-op labs (CBC, PT/PTT, Sed rate, urinalysis, and basic metabolic panel), outpatient 23-hour hospital stay, assistant surgeon, lumbar corset, and raised toilet seat. The request for a 3-day inpatient stay was modified to outpatient 23-hour hospital stay consistent with the Official Disability Guidelines. The request for a pre-op history and physical was non-certified as redundant. The request for SMA-18 lab testing was modified to a basic metabolic panel as sufficient for this injured worker. Records indicated that this surgery was performed on 3/4/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient stay qty: 3: 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 Discectomy.

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 - Lumbar & Thoracic: Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide hospital length of stay recommendations. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median length of stay for lumbar microdiscectomy is 1 day, with best practice target of outpatient. The 2/4/15 utilization review modified the request for 3 days length of stay to 23-hour outpatient stay. Guidelines would generally support inpatient admission for 1 day. There is no compelling rationale provided or significant co-morbidities noted that would support the medical necessity of a 3-day inpatient stay for this procedure. Therefore, this request is not medically necessary.

Pre-op history and physical (H&P): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back, preoperative testing.

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. Pre-operative medical clearance has been separately certified. Therefore, this request is not medically necessary.

Pre-op lab: SMA 18: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back, preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical 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 medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Guideline criteria have not been met. The 2/4/15 utilization review modified this request for pre-operative lab testing SMA-18 to a basic metabolic panel. There is no compelling rationale provided to support the medical necessity of additional metabolic testing for this injured worker. Therefore, this request is not medically necessary.