

Case Number:	CM15-0063256		
Date Assigned:	04/09/2015	Date of Injury:	08/01/2014
Decision Date:	06/11/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/02/2015

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 24-year-old male who sustained an industrial injury on 8/01/14. Injury occurred when he lifted two water heaters weighing a few hundred pounds each. The 1/6/15 lumbar spine MRI impression documented congenital narrowing of the lumbar spinal canal, moderate lateral recess narrowing bilaterally at L4/5, mild degenerative disc disease, and multilevel neuroforaminal narrowing, most prominent at L4/5 where it was moderate bilaterally. The 3/5/15 treating physician report cited constant low back pain with radiation down the back of both legs to the feet. Pain prevented him from work and activities of daily living. Physical exam documented stiff gait, and markedly limited lumbar range of motion. Forward flexion was to the patella with severe pain. He was just able to get past normal on extension. Patellar and Achilles reflexes were 1+. Straight leg raise bilaterally caused low back pain. There was bilateral 4/5 extensor hallucis longus strength. Sensation was intact. The diagnosis was lumbosacral strain, bilateral lumbosacral radiculitis, and L4/5 central disc bulge with bilateral neuroforaminal narrowing. He had failed conservative treatment including physical therapy, chiropractic treatment, medications, and epidural steroid injection and was a candidate for surgery. Authorization was requested for central decompression and discectomy at L4/5, neuromonitoring; assistant surgeon, and 1-2 inpatient days. The 3/10/15 utilization review non-certified the request for right L4/5 central decompressive laminectomy, right L4/5 possible left L4/5 microdiscectomy, neuromonitoring; assistant surgeon, and 1-2 inpatient days as MRI findings do not correlate with the side and level of the injured worker's symptoms, and findings were congenital.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 central decompressive laminectomy, right L4-5 possible left L4-5 microdiscectomy neuromonitoring: Overturned

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

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; Intraoperative neurophysiological monitoring (during surgery).

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 Official Disability Guidelines (ODG) 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. Guidelines generally support intraoperative neurophysiologic monitoring during surgery at the discretion of the surgeon to improve outcomes of spinal surgery. Guideline criteria have been reasonably met. This patient presents with function-limiting low back pain radiating down the back of the legs to the feet. Clinical exam findings were consistent with imaging evidence of lateral recessing stenosis. 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.

Assistant surgeon: Overturned

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

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

1 to 2 inpatient 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.

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 \bar{i} $\frac{1}{2}$ Lumbar & Thoracic: Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide recommendations for hospital length of stay. 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 is 2 days and the best practice target for lumbar laminectomy is 1 day. Guideline criteria have been met for inpatient length of stay up to 2 days. Therefore, this request is medically necessary.