

Case Number:	CM15-0065938		
Date Assigned:	04/13/2015	Date of Injury:	01/09/2011
Decision Date:	05/19/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/07/2015

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 52-year-old male who sustained an industrial injury on 1/9/11, relative to bending, twisting and lifting. Past surgical history was positive for an L5/S1 laminoforaminotomy and microdiscectomy on 4/14/11. The injured worker reported relief in his left leg pain following surgery, but continued back pain. He was doing well and returned to modified work but reported a recurrence of symptoms around September 2012. Conservative treatment included physical therapy, epidural steroid injection, home exercise program, activity modification, and medications without sustained relief. The 11/5/13 electrodiagnostic study findings were suggestive of left S1 radiculopathy. The 3/12/15 lumbar spine MRI impression documented a 6 mm low signal soft tissue structure at L5/S1 producing posterior deviation of the central left S1 nerve root sleeve. These findings are suspicious for a disc fragment surrounded by granulation tissue and could represent a source of left S1 radiculopathy. There was a broad-based disc protrusion at the L4/5 with findings compatible with granulation tissue at the level of the previous annular tear. There was mild grade 1 spondylolisthesis at the L3/4 and L4/5 levels, likely degenerative in etiology, and findings consistent with degenerative disc disease. The 3/20/15 treating physician report cited low back and left lower extremity pain. He had been doing his home exercise program and wanted to proceed with left sided L4/5 decompression surgery. Lumbar spine exam documented range of motion 25-50% of normal with lumbar paraspinal muscle tenderness. Lower extremity strength was 5/5. Sensation was diminished over the left lateral thigh. Sitting straight leg raise was positive at 70 degrees. Imaging demonstrated recurrent left sided herniated nucleus pulposus at L5/S1 and central L4/5 disc protrusion with lateral recess stenosis on the left. Authorization was requested for left sided laminoforaminotomy and microdiscectomy at L4/5 and L5/S1 based on undated imaging. He was to continue his home exercise program with emphasis on core stabilization. The 3/27/15 utilization review non-

certified the request for left sided laminoforaminotomy and microdiscectomy at L4/5 and L5/S1 and associated requests for assistant surgeon and pre-op appointment. The rationale for non-certification cited that the request for decompression at L4/5 did not fall within guideline recommendation, as clinical exam findings did not meet guideline criteria relative to L5 nerve root compression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient surgery, left sided laminoforaminotomy & microdiscectomy L4-5 and L5-S1:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for surgery.

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 function-limiting low back and left lower extremity pain. Records document radicular symptoms and clinical exam findings consistent with imaging evidence of nerve root compression at S1 on the left and plausible nerve root compression at L4/5. 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.

Associated surgical services: 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 (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 codes 63005 and 62287, there is a '1' or '2' in the assistant surgeon column for each. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.

Associated surgical services: pre-op appointment: 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, Lumbar & Thoracic (Acute & Chronic).

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 pre-operative visit. Therefore, this request is not medically necessary.