

<b>Case Number:</b>	CM15-0096574		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	07/10/2014
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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

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 42 year old female, who sustained an industrial injury on 07/10/2014. According to a progress report dated 03/27/2015, chief complaints included right-sided buttock and leg pain. Since last seen the injured worker felt that she had gotten worse. Her pain was continuous, radiating from her right buttock down her right leg to the top of her right foot and also involving the last four toes. The last four toes of the right foot were numb. She had difficulty walking any more than 10 to 15 feet. Her back pain had significantly improved compared with preop. However, she had recurrent leg pain. Recurrent leg pain started approximately two to three weeks after surgery. Leg pain was rated 12 on a scale of 1-10 and was constant. She denied any loss of bowel or bladder control. She had been taking Gabapentin, Tylenol, Percocet, Tramadol and Naprosyn. Despite all of the medications, she was not obtaining adequate relief. MRI of the lumbar spine performed on 03/18/2015 demonstrated recurrent right L5-S1 disc protrusion abutting and compressing the traversing S1 root. Diagnoses included lumbar intervertebral disc derangement, low back pain, lumbar radiculopathy and lumbar stenosis. The injured worker was status post right L5 and S1 laminectomies with partial discectomy on 02/16/2015, now with recurrent disc herniation. The treatment plan included repeat right L5-S1 laminectomy and partial L5-S1 discectomy for recurrent disc herniation, one day inpatient hospital stay, intra-operative C-arm fluoroscopy and interpretation of lumbar spine x-rays, intraoperative neurophysiological monitoring, preoperative medical clearance, preoperative labs to included CBC, BMP, PT/PTT/INR, preoperative urinalysis, preoperative chest x-ray, preoperative EKG, Naproxen, Percocet, Gabapentin,

Cyclobenzaprine, Omeprazole and Colace. Currently under review is the request for repeat right L5-S1 laminectomy and partial L5-S1 discectomy for recurrent disc herniation, one day inpatient hospital stay, intra-operative C-arm fluoroscopy and interpretation of lumbar spine x-rays, intraoperative neurophysiological monitoring, preoperative medical clearance, preoperative labs to included CBC, BMP, PT/PTT/INR, preoperative urinalysis, preoperative chest x-ray and preoperative EKG.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Repeat Right L5-S1 Laminectomy and Partial L5-S1 Discectomy with Fluoroscopy, Interpretation of Lumbar Spine X-Rays and Neurophysiological Monitoring: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** The California MTUS guidelines recommend surgery when the patient has had severe persistent, debilitating lower extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation shows MRI scan confirms residual or recurrent disc contiguous to the nerve root. The guidelines note the patient would have failed a trial of conservative therapy. Documentation shows patient continues to have radiculopathy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested treatment: Repeat Right L5-S1 Laminectomy and Partial L5-S1 Discectomy with Fluoroscopy, Interpretation of Lumbar Spine X-Rays and Neurophysiological Monitoring is medically necessary.

#### **One day inpatient hospital stay: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, Hospital length of stay-discectomy.

**Decision rationale:** The ODG guidelines note the best practice goal for a lumbar discectomy is for it to be accomplished as an outpatient. But the median length of stay is 1 day and the mean 2.1. The requested treatment: Repeat right L5-S1 laminectomy and partial L5-S1 discectomy for recurrent disc herniation is Medically necessary and appropriate. Therefore the request for One Day In Patient Hospital Stay is medically necessary and appropriate.

#### **Preoperative medical clearance: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Chapter, Preoperative testing.

**Decision rationale:** The provider has requested a preoperative medical clearance, it may be there are clinical reasons not supplied in the documentation as to why such clearance cannot be accomplished by the surgeon. The ODG guidelines do recommend testing and assessment to evaluate risk and guide post operative decision making. The requested treatment: Preoperative medical clearance is medically necessary and appropriate.

**Preoperative lab: CBC:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Chapter, Preoperative testing general.

**Decision rationale:** The ODG guidelines would recommend a preoperative blood count if the patient had a history of anemia. The guidelines would recommend the assessment if the operative procedure had a high risk of hemorrhage. Documentation does not show this evidence. The Requested Treatment: Preoperative lab: CBC is not Medically necessary and appropriate.

**Preoperative lab: BMP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Chapter, Pre-operative testing general.

**Decision rationale:** The ODG guidelines recommend that preoperative testing be guided by the clinical evaluation and exam. If the patient has comorbidities whose assessment will affect the post-operative decision making the clinician is expected to obtain the necessary tests. Documentation does not show this necessity. The requested services: Preoperative lab: BMP: is not medically necessary and appropriate.

**Preoperative lab: PT/PTT/INR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Chapter, Pre-operative testing general.

**Decision rationale:** The ODG guidelines do recommend a coagulation profile if the patient has a history of bleeding problems. The guidelines would recommend the profile if the patient were taking a medication which would affect his coagulation. Documentation does not provide such evidence. The requested service: Preoperative lab: PT/PTT/INR: is not medically necessary and appropriate.

**Preoperative Urinalysis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical therapy section, preoperative testing, general.

**Decision rationale:** The ODG guidelines would recommend a preoperative urinalysis if the patient has renal disease. The guidelines would recommend the urinalysis if the patient had comorbidities or the information gained by the test would affect post-operative management. The documentation does not furnish such evidence. The requested service: Preoperative Urinalysis: is not medically necessary and appropriate.

**Preoperative chest x-ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy chapter, preoperative testing general.

**Decision rationale:** The ODG guidelines do recommend preoperative chest radiography if the patient has a history of pulmonary disease that is likely going to lead to post-operative complications. The ODG guidelines do recommend the decision for a chest x-ray be based on whether the information gained by the x-ray will affect post-operative decision making. Documentation does not support this likelihood. The requested service: Preoperative chest x-ray: is not medically necessary and appropriate

**Preoperative EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Chapter, Preoperative electrocardiogram.

**Decision rationale:** The ODG guidelines do recommend a preoperative EKG if the patient is going to undergo a high risk procedure. They also recommend an EKG if the patient is going to undergo an intermediate risk procedure and the patient has comorbidities and risk factors. Documentation does not provide this evidence. The requested procedure: Preoperative EKG: is not medically necessary and appropriate.