MAXIMUS Federal Services

Case Number:	CM15-0097551		
Date Assigned:	06/01/2015	Date of Injury:	06/06/2014
Decision Date:	07/07/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/20/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 23 year old female, who sustained an industrial injury on June 6, 2014. She reported slipping and falling on her back causing her to have a herniated disc. The injured worker was diagnosed as having disc displacement. Treatment to date has included chiropractic treatments, MRI, and medication. Currently, the injured worker complains of aches, pain, discomfort, and numbness in the right lower extremity. The Treating Physician's report dated April 16, 2015, noted the injured worker reported a 20% improvement in the lower extremity symptoms since the previous visit, utilizing Norco and Ibuprofen for the relief of her symptoms. The injured worker was noted to be unable to work, on temporary total disability. The injured worker's current medications were listed as Norco, Soma, and Naproxen. Physical examination was noted to show the injured worker with a right lower extremity S1 radiculopathy due to a right L5-S1 posterolateral disc herniation and right L5-S1 lateral recess stenosis, with positive straight leg raise. The treatment plan was noted to include requests for authorization for a right L5-S1 decompression and discectomy as the injured worker did have weakness in the right S1 distribution, persisting despite conservative treatments, pain/ medication management, and chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 decompression and discectomy: 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 Low Back chapter, Discectomy/ laminectomy.

Decision rationale: Based on the 05/07/15 progress report provided by treating physician, the patient presents with low back pain associated with numbness, tingling, weakness and radiating pain. The request is for L5-S1 DECOMPRESSION AND DISCECTOMY. RFA not provided. Patient's gait is normal and balanced. Patient's diagnosis on 05/07/15 included right lower extremity S1 radiculopathy due to right L5-S1 posterolateral disc herniation. Treatment to date has included chiropractic treatments, MRI, and medications. Patient's medications include Norco and Naprosyn. The patient is temporarily totally disabled, per 05/07/15 report. Treatment reports were provided from 10/30/14 - 05/07/15. ODG Guidelines under the Low Back chapter on Discectomy/ laminectomy states, "Recommended for indications below. Surgical discectomy for carefully selected patients with radiculopathy due to lumbar disc prolapse provides faster relief from the acute attack than conservative management, although any positive or negative effects on the lifetime natural history of the underlying disc disease are still unclear. Unequivocal objective findings are required based on neurological examination and testing." ODG indications for surgery include: symptoms/finding which confirm the presence of radiculopathy; objective findings on examination need to be present; imaging studies correlate between radicular findings on radiologic evaluation and physical exam findings, and all of the listed conservative treatments (NSAID, muscle relaxants, etc.). Per 05/07/15 report, treater states "at this time, we are awaiting authorization for the right L5-S1 decompression and discectomy given the weakness in the right S1 distribution and MRI findings." Physical examination to the lumbar spine on 05/07/15 revealed no tenderness to palpation nor spasms. Range of motion was decreased, especially on extension 3 degrees. Decreased light touch and pinprick sensory exam at L5 and S1. Positive straight leg raise on the right. MRI of the lumbar spine on 10/30/14 states "L5-S1: Mild loss of disc signal. Broad-based disc bulging with 5mm central disc protrusion with annular tear effaces anterior thecal sac. Mild bilateral facet arthropathy and ligamentum flavum thickening. No canal or foraminal narrowing. Impression: At L5-S1, posterior disc protrusion. Otherwise unremarkable lumbar MRI. No nerve Impingement. No canal stenosis." In this case, treater has documented radiculopathy, and supported with positive findings on physical examination. However, MRI does not corroborate with patient's radicular symptoms, as there is "No nerve impingement or canal stenosis." Guidelines require that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing in order to warrant the requested surgical procedure. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

Pre-Operative labs CBC, PT, PTT, INR and basic metabolic panel: 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 Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Preoperative testing, general.

Decision rationale: Based on the 05/07/15 progress report provided by treating physician, the patient presents with low back pain associated with numbness, tingling, weakness and radiating pain. The request is for PRE-OPERATIVE LABS CBC, PT, PTT, INR AND BASIC METABOLIC. RFA not provided. Patient's gait is normal and balanced. Patient's diagnosis on 05/07/15 included right lower extremity S1 radiculopathy due to right L5-S1 posterolateral disc herniation. Physical examination to the lumbar spine on 05/07/15 revealed no tenderness to palpation nor spasms. Range of motion was decreased, especially on extension 3 degrees. Decreased light touch and pinprick sensory exam at L5 and S1. Positive straight leg raise on the right. MRI of the lumbar spine on 10/30/14 states "L5-S1: Mild loss of disc signal. Broad-based disc bulging with 5mm central disc protrusion with annular tear effaces anterior thecal sac. Mild bilateral facet arthropathy and ligamentum flavum thickening. No canal or foraminal narrowing. Impression: At L5-S1, posterior disc protrusion. Otherwise unremarkable lumbar MRI. No nerve Impingement. No canal stenosis." Treatment to date has included chiropractic treatments, MRI, and medications. Patient's medications include Norco and Naprosyn. The patient is temporarily totally disabled, per 05/07/15 report. Treatment reports were provided from 10/30/14 - 05/07/15. With regards to medical clearance, ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Preoperative testing, general: See Preoperative electrocardiogram (ECG); & Preoperative lab testing. Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to orderpreoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography." Treater has not discussed reason for the request, nor provided patient risk assessment. ODG guidelines support pre-operative medical clearance. However, this patient has not been authorized for requested L5-S1 decompression and discectomy. Since primary procedure has not been authorized, this associated request IS NOT medically necessary.

Post-operative Lumbar corset 2 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic Chapter, lumbar supports.

Decision rationale: Based on the 05/07/15 progress report provided by treating physician, the patient presents with low back pain associated with numbness, tingling, weakness and radiating pain. The request is for POST-OPERATIVE LUMBAR CORSET 2 WEEKS. RFA not provided. Patient's gait is normal and balanced. Patient's diagnosis on 05/07/15 included right lower extremity S1 radiculopathy due to right L5-S1 posterolateral disc herniation. Physical examination to the lumbar spine on 05/07/15 revealed no tenderness to palpation nor spasms. Range of motion was decreased, especially on extension 3 degrees. Decreased light touch and pinprick sensory exam at L5 and S1. Positive straight leg raise on the right. MRI of the lumbar spine on 10/30/14 states "L5-S1: Mild loss of disc signal. Broad-based disc bulging with 5mm central disc protrusion with annular tear effaces anterior thecal sac. Mild bilateral facet arthropathy and ligamentum flavum thickening. No canal or foraminal narrowing. Impression: At L5-S1, posterior disc protrusion. Otherwise unremarkable lumbar MRI. No nerve Impingement. No canal stenosis." Treatment to date has included chiropractic treatments, MRI, and medications. Patient's medications include Norco and Naprosyn. The patient is temporarily totally disabled, per 05/07/15 report. Treatment reports were provided from 10/30/14 - 05/07/15. ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ACOEM guidelines further state that they are not recommended for treatment, but possibly used for prevention if the patient is working. ODG Low Back, Lumbar & Thoracic Chapter, lumbar supports topic, states, "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." For post-operative bracing, ODG states, "Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician." Regarding lumbar supports, the MTUS/ACOEM guidelines are opposite of the ODG guidelines. ACOEM does not recommend support for treatment, but do recommend them for prevention. ODG guidelines state they are not recommended for prevention, but recommended for treatment, specifically for spondylolisthesis with documented instability as in this case. California Labor Code section 4610.5 for medical necessity, describes a hierarchy of review standards. According to this, the MTUS/ACOEM guidelines take precedence over ODG guidelines. MTUS/ACOEM states that corsets are not recommended for treatment, and they are only beneficial in the acute phase of care. Furthermore, treater is requesting the corset postoperatively, and the request for surgery has not been authorized. Therefore, the request IS NOT medically necessary.