

Case Number:	CM13-0042132		
Date Assigned:	12/27/2013	Date of Injury:	10/14/2011
Decision Date:	02/25/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 patient is a 37-year-old male who reported an injury on 10/14/2011 due to a lifting motion that reportedly caused injury to the low back and left leg. Prior treatments included physical therapy, medications, epidural steroid injections, and activity modifications. The patient's most recent evaluation indicated that the patient was participating in a functional restoration program. Physical findings included paraspinal spasms of the musculature from the L2 to the S1 levels with restricted range of motion secondary to pain. The patient's diagnoses included lumbar disc degeneration and low back pain. The patient's treatment plan included continuation of the functional restoration program and transition into a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Surgeons, Physicians as Assistant Surgeons, a 2011 Case Study.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Surgeons, Physicians as Assistant Surgeons, a 2011 Case Study.

Decision rationale: The requested decision for assistant surgeon is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that surgical intervention has been recommended for this patient. However, a review of the submitted documentation does not provide any evidence that surgical intervention has been authorized. A 2011 case study of Physician's as Assistants does recommend a surgical assistant for this type of surgery; however, as the documentation does not reflect authorization of surgical intervention at this time an assistant surgeon would also not be supported. As such, the requested assistant surgeon is not medically necessary or appropriate