

Case Number:	CM13-0062206		
Date Assigned:	12/30/2013	Date of Injury:	08/26/2010
Decision Date:	04/04/2014	UR Denial Date:	11/29/2013
Priority:	Standard	Application Received:	12/06/2013

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 38-year-old male who sustained an unspecified injury on 08/26/2010. The patient was evaluated on 11/04/2013 for progressively worsening left radicular pain down the left posterior thigh/hamstring area, into the left calf and into the left ankle, and lateral aspect of the left foot. The patient was noted to have grade I spondylolisthesis at L5-S1 that appeared to worsen in the extended position on lateral flexion/extension radiographs. The treatment plan was noted as a complete and thorough decompression of the L5 and S1 levels. This included a complete discectomy of L5 and stabilization with an instrumented arthrodesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

surgical assistant: 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 <http://www.facs.org/ahp/pubs/2011physasstsurg.pdf>

Decision rationale: The request for a surgical assistant, [REDACTED] is non-certified. Physicians as Assistants at Surgery: 2011 study recommends an assistant at surgery in cases of an arthrodesis procedure. However, documentation submitted for review indicated a co-surgeon,

██████████. Therefore, the request for an additional assistant is not supported. Given the information submitted for review, the request for a PA surgical assistant is non-certified.