

Case Number:	CM14-0005013		
Date Assigned:	02/05/2014	Date of Injury:	02/16/2008
Decision Date:	06/25/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/14/2014

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. The expert reviewer is Board Certified in Orthopedic Surgeon, has a subspecialty in Spine Surgery and is licensed to practice in California. 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/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 injured worker is a 57-year-old male who reported an injury on 02/16/2008. After moving a large object, the injured worker reportedly sustained an injury to his low back that ultimately resulted in the need for fusion from the T10-S1. The injured worker was evaluated on 12/17/2013. It was documented that the injured worker had experienced significant pain in the spinal region and x-rays identified disengagement of previously implanted hardware. It was noted that surgical intervention was required. The injured worker's treatment plan included assistant surgeons due to the short notice of the procedure. A request was made for a certified registered nurse first assistant of surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERTIFIED REGISTERED NURSE FIRST ASSISTANT (CRNFA): 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 Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Surgical assistant

Decision rationale: The requested certified registered nurse first assistant is not medically necessary or appropriate. Official Disability Guidelines do recommend this procedure as allowable for an assistant surgeon services. However, the clinical documentation submitted for review does indicate that the injured worker will have 2 surgeons performing the procedure. Official Disability Guidelines only recommend 1 assistant surgeon per procedure as a reimbursable service. Therefore, the request for an additional registered nurse would not be supported. As such, the requested certified registered nurse first assistant is not medically necessary or appropriate.