

Case Number:	CM14-0105759		
Date Assigned:	07/30/2014	Date of Injury:	03/09/2011
Decision Date:	09/09/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/08/2014

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 Physical Medicine & Rehab 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 records presented for review indicate that this 59 year-old individual was reportedly injured on March 9, 2011. The mechanism of injury is reported to be a pushing/pulling type event. The most recent progress note, dated May 28, 2014 indicates that there are ongoing complaints of low back pain. A recent increase in symptoms are noted. The physical examination demonstrated a well-nourished individual who does not appear to be in acute distress. Straight leg raising is reported positive, Patrick's test is positive, and there is decreased sensation in the bilateral lower extremities and dorsal aspect of the feet. Diagnostic imaging studies objectified ordinary disease of life degenerative changes in the lumbar spine. Lumbar MRI also noted multiple level degenerative disc disease. Previous treatment includes multiple medications, physical therapy, pain management techniques. A request had been made for assistant surgeon and was not certified in the pre-authorization process on June 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Co-Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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 updated July, 2014.

Decision rationale: Based on the limited medical records presented for review, it is not clear what type of surgery is being undertaken. Furthermore, there is no documentation that any surgical intervention, particularly effusion, has been endorsed in the preauthorization process. Therefore, based on this lack of clinical information the medical necessity of an assistant surgeon cannot be established. It is noted that the ODG does support an assistant surgeon in certain clinical situations, but given the lack of information about the clinical situation the medical necessity cannot be established. Therefore, this request is not medically necessary.

1 Vascular Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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 updated July, 2014.

Decision rationale: Based on the limited medical records presented for review, it is not clear what type of surgery is being undertaken. Furthermore, there is no documentation that any surgical intervention, particularly effusion, has been endorsed in the preauthorization process. Therefore, based on this lack of clinical information the medical necessity of an assistant surgeon cannot be established. It is noted that the ODG does support an assistant surgeon in certain clinical situations, but given the lack of information about the clinical situation the medical necessity cannot be established. Therefore, this request is deemed not medically necessary.