MAXIMUS Federal Services

Case Number:	CM14-0177093		
Date Assigned:	10/30/2014	Date of Injury:	04/26/2002
Decision Date:	12/05/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/24/2014

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 General 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:

This 32 year old male was injured 4/26/02 the result of heavy lifting. The diagnoses are drug dependence, chronic pain, degeneration of the lumbar and/or lumbosacral intervertebral disc, low back pain, and spondylolisthesis. An MRI of the lumbar spine 8/16/14 revealed status post L5-S1 fusion with grade I spondylolisthesis, severe right L5-S1 foraminal narrowing compressing the exiting right L5 nerve, multiple disc desiccation, and post annular bulging. Films of the lumbar spine revealed the fusion, and spondylolisthesis with a stable interbody graft. However, there did not appear to be a solid fusion. The plan 9/26/14 was for surgery for a failed fusion. The surgical procedure has been approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 Day Inpatient Hospital Stay: 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: Hospital LOS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Guidelines Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), Lumbar fusion, post approach/anterior approach.

Decision rationale: "Median is 3 days; mean 3.9 days (for post approach. Median is 3 days and men 4.2 days." A 5 day stay in an acute care facility is excessive and should be denied as not medically necessary.

Co-Surgeon for The Anterior Approach: Overturned

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: Surgical Assistant

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Guidelines American Association of Orthopaedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics; Role of the First Assistant

Decision rationale: According to the American College of Surgeons: The first assistant to the surgeon during a surgical operation should be a trained individual capable of participating and actively assisting the surgeon to establish a good working team. A surgical assistant is appropriate in such a complicated case such as this with an anterior/posterior combined approach especially in lieu of the fact that the requesting provider has designated a vascular surgeon. The prior surgery involved dissection and retraction of the iliac vessels. This has likely resulted what will be a complicated dissection necessitating the presence of a vascular surgeon. Therefore, the request for a co-surgeon is medically necessary.

Consult with Treating Physician: Overturned

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: Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition. Chapter 7, page 127.

Decision rationale: Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The medical records provided to this reviewer have established medical necessity for this request. Therefore, the request for a vascular surgery consultation is medically necessary.