

Case Number:	CM14-0021034		
Date Assigned:	02/21/2014	Date of Injury:	09/07/2012
Decision Date:	06/24/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/08/2014

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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 record notes a 52-year-old individual with a date of injury of September 7, 2012. A progress note dated December 6, 2013 is provided for review in support of the above noted request indicating that the claimant presents with constant low back pain, rated 8/10, with radiation to the center of the left thigh with associated paresthesias. Current medications include Soma, Naproxen and Ultram. The diagnosis noted is an L4-5 and L5-S1 disc herniation and stenosis with left lower extremity radiculopathy, and stress and depression. Diagnostic studies have included an MRI which was obtained in October 2013, supporting the above noted diagnosis. Conservative treatment has included anti-inflammatory medications, muscle relaxants, analgesics, activity modifications, physical therapy, and epidural steroid injections. Physical examination reveals paraspinal spasm and tenderness on the left. Straight leg raise is positive on the left. Motor strength reveals weakness of the EHL, gastrocnemius, and soleus muscles graded 4/5. Sensory examination reveals diminished sensation to light touch (a dermatomal distribution is not noted). The treatment recommendation is for left-sided L4-5 and L5-S1 microdecompression and microdiscectomy. Though the treatment recommendation is a microdecompression and microdiscectomy, the treatment plan indicates a 1 to 2 day hospital stay, and an off-the-shelf lumbar orthotic brace that will be necessary until evidence of effusion is present. A prior review of this request resulted in a recommendation for non-certification on December 23, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ASSISTANT SURGEON: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: American College of Surgeons - <http://www.facs.org/ahp> Statement of Principles "Medicare Claims Processing Manual" (Chapter 12, Sections 40 and 40.1 - Physicians/Nonphysician Practitioners) available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf> on the CMS website.

Decision rationale: The record indicates that the proposed surgical intervention includes a microdecompression and a microdiscectomy. There is no guideline reference to assistant surgeon for specific procedures. However, there are recommendations for the American College of Surgeons for specific procedures, which is/CPT codes for which an assistant surgeon is routinely supported. The record indicates that the claimant is to undergo microdiscectomy, and a "microdecompression". However, the postoperative care references a brace to be utilized until fusion is present. Based on the procedures noted, it is unclear if the intent of this procedure is fusion. In a clinical setting of a laminotomy or fusion, there would be a general consensus that a surgical assist would be warranted. A microdiscectomy provides support for a surgical assistant when the clinical data supports the medical necessity. The medical record provides documentation of the necessity for the surgeon assist for the proposed procedure, noting the procedure to be of higher complexity, requiring 2 sets of hands. Additionally, the record provides documentation describing the microscopic including a microdissection. While it is unclear whether or not the proposed surgical procedure was meant to include fusion, the documentation provided in the medical record is sufficient to support the necessity of an assistant, even for the less complex of the proposed procedures. Based on the documentation available on the recommended procedure, this request is deemed medically necessary, and recommended for certification. The request is medically necessary and appropriate.