

Case Number:	CM14-0022460		
Date Assigned:	05/09/2014	Date of Injury:	04/06/2011
Decision Date:	07/10/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/21/2014

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, has a subspecialty in Spine 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 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 56 year old female who sustained an injury on 04/06/11 when she bent over and developed complaints of neck pain and low back pain. The injured worker had prior cervical fusion at C6-7 in 08/13. The injured worker was assessed with spondylitic spondylolisthesis at L5-S1 and L4-5 with noted severe facet arthropathy. The injured worker had been followed by [REDACTED] for her complaints. The report from 01/10/14 noted ongoing medications including Norco, Medrox patches, Naprosyn, Zanaflex, and flurbiprofen cream. The injured worker had previous physical therapy for the cervical spine. On physical examination the injured worker demonstrated continued weakness in the extensor halluc longus tibialis anterior and peroneus longus. Straight leg raise findings were positive bilaterally. Sensation was decreased to light touch in the L5 dermatome. Recommendations were for anterior to posterior spinal fusion with decompression at L4-5. The injured worker was also prescribed topical compounded medication at this visit including flurbiprofen Ketoprofen and ketamine. The requested vascular surgeon and compounded flurbiprofen Ketoprofen and ketamine were denied by utilization review on 02/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

VASCULAR SURGEON: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 Association of Orthopaedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

Decision rationale: Per the prior utilization review report the proposed L4-5 anterior posterior spinal fusion was found to be medically appropriate. Given the anterior fusion request at L4-5 this would reasonably require vascular surgeon to perform the initial approach to the L4-5 vertebral body. This would be considered standard of care and routine for this type of procedure. Spinal surgeon alone would not be able to adequately perform the initial vascular approach to L4-5 vertebral body. Therefore The request is not medically necessary and appropriate.