

Case Number:	CM15-0163241		
Date Assigned:	08/26/2015	Date of Injury:	02/13/2014
Decision Date:	10/09/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/20/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 46 year old male with an industrial injury dated 02-13-2014. The injury is documented as occurring when he was cleaning a car which was hit by another car. He notes he twisted his neck and back. Comorbid conditions included diabetes, high cholesterol and hypertension. Prior treatment included chiropractor (worsened pain), acupuncture and medications. He presents on 07-15-2015 stating he was having difficulty standing and walking secondary to tremendous pain in his back with radiating pain down his legs. He reported numbness and weakness. He also complained of neck pain. Physical exam noted tenderness at the lumbosacral spine with limited range of motion due to pain. Straight leg raising was positive bilaterally at 50 degrees. The official MRI of the lumbar spine report was not available in the submitted records; however the provider documents the following: The MRI of the lumbar spine disclosed grade 2 spondylolisthesis with moderate to severe foraminal stenosis along the lumbar 5 roots. There is slight degenerative disc disease at lumbar 3-4 and lumbar 4-5, "but I cannot really appreciate a lot of nerve compression at those particular segments." The provider requested surgical care and associated services for the lumbar area. The treatment requests for review are: Associated surgical service: Hold/cold therapy unit with wrap; associated surgical service: Assistant surgeon to help with the anterior approach; associated surgical service: 4 day inpatient stay

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Assistant surgeon to help with 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 Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: CA MTUS/ACOEM is silent on the issue of assistant surgeon. According to the ODG, Low Back Chapter, Surgical assistant is recommended as an option in more complex surgeries including CPT code 22558, an anterior lumbar interbody fusion. As the surgical request CPT code is recommended for assistant surgeon, the request is medically necessary.

Associated surgical service: Hold/cold therapy unit with wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back.

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 section.

Decision rationale: CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy. According to the ODG Low Back section, cold/heat packs is recommended as an option for acute pain. It is recommended for at home application of cold packs for the first few days of acute complaint. The ODG does not recommend a motorized hot cold therapy unit such as vascutherm as cold packs is a low risk cost option. Therefore the request is not medically necessary.

Associated surgical service: 4 day inpatient 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 length of stay (LOS).

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 section.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hospital length of stay following a lumbar fusion. According to the ODG, Low back section, Hospital length of stay, a 3 day inpatient stay is recommended following an anterior lumbar fusion. As such the request for 4 day inpatient stay is not medically necessary.

