

Case Number:	CM15-0031269		
Date Assigned:	04/16/2015	Date of Injury:	09/27/2004
Decision Date:	05/19/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/19/2015

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: Illinois, California, Texas
 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 51-year-old male who sustained an industrial injury on 9/27/04, while employed as a police officer. He reported jumping through a window and landing on his chin and compressing his back, while doing SWAT obstacle training. Past medical history was positive for hypertension. The 1/16/15 lumbar spine MRI conclusion documented an extruded/sequestered disc posterior to the L4 vertebral body which appeared to arise from the L4/5 disc and extend superiorly along the left lateral recess. There was severe effacement of the left lateral recess posterior to the L4 vertebral body, with impingement of the traversing left L4 nerve root. There was moderate to severe bilateral neuroforaminal stenosis at L5/S1, with mild impingement of the exiting bilateral L4 nerve root. There was grade 1 spondylolisthesis of L4 on L5 with bilateral L4 spondylosis. There were mild degenerative changes at other levels, including a small annular fissure at L5/S1. The 1/15/15 orthopedic spine consultation cited low back pain radiating down the left leg into the ankle and foot. Pain ranged from 7-9/10 and increased with walking, bending, and prolonged sitting and standing. Physical exam documented that the injured worker walked in a flexed position with difficulty performing both heel and toe walk. There was tenderness to palpation from L4 to S1. Range of motion was moderately limited in flexion and markedly limited in extension. Straight leg raise was positive on the left. There was left lower extremity weakness of the quadriceps, foot, anterior tibialis, extensor hallucis longus, and gastrocnemius. There was also right sided gastrocnemius weakness. There was diminished sensation in both the L4 and L5 dermatomes. Deep tendon reflexes were absent in the left knee and both ankles. The diagnosis included chronic intractable back and left leg pain with

x-ray evidence of 1 cm lytic spondylolisthesis at L4/5 and 5-6 mm retrolisthesis at L5/S1. The treatment plan recommended anterior lumbar interbody fusion L4-S1 with posterior spinal fusion/instrumentation. The addendum reviewed the 1/16/15 MRI and reported evidence of significant instability at L4/5, as well as L5/S1. The 2/6/15 utilization review certified a request for anterior lumbar interbody fusion L4-S1 with posterior spinal fusion/instrumentation with a co-surgeon and 2-day inpatient stay. The request for an assistant surgeon was non-certified as the co-surgeon should provide sufficient assistance for the planned procedure.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC), Low Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule: Assistant Surgeons, <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

Decision rationale: The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons and co-surgeons. The procedure codes with a 0 under the assistant or co-surgeon heading imply that an assistant and co-surgeon is not necessary; however, procedure codes with a 1 or 2 implies that an assistant or co-surgeon is usually necessary. For this requested surgery, CPT codes 22558, 22840 and 22612, there is a '1' or '2' in both the assistant surgeon and co-surgeon columns will would support the medical necessity of both. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.