

Case Number:	CM14-0097255		
Date Assigned:	07/28/2014	Date of Injury:	04/02/2013
Decision Date:	10/09/2015	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/25/2014

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. 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:

This 43-year-old female sustained an industrial injury 4-2-13. Documentation indicated that the injured worker was undergoing treatment for ongoing low back pain. Previous treatment included physical therapy, epidural steroid injections and medications. In a PR-2 dated 5-23-14, the injured worker complained of ongoing low back pain with radiation down the right leg. The injured worker stated that she tried to remain active but had difficulty with prolonged sitting or standing. Magnetic resonance imaging lumbar spine (5-20-14), showed L4-5 herniation that was central and left sided with narrowing of the right lateral gutter and impingement on the right L5 nerve root. Physical exam was remarkable for positive crossover symptoms with left sitting straight leg raise and ipsilateral back and right leg pain with right sitting straight leg raise. The injured worker avoided sitting on the right buttock, rose from the chair using the armrest for support and ambulated with a slight limp on the right. The injured worker was diagnosed with resorbed L2-3 disc herniation. The physician noted that the injured worker had marked increase in symptomatology following the last round of physical therapy. The physician recommended lumbar laminotomy discectomy at L4-5 with associated surgical services. On 6-18-14, Utilization Review noncertified a request for L4-5 laminectomy discectomy, assistant surgeon and 1-2 days of inpatient stay.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic Surgeons Position Statement of the Fist Assistant at Surgery in Orthopaedics.

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 63030, a lumbar microdiscectomy. As the surgical request CPT code is recommended for assistant surgeon, the determination is medically necessary.

1-2 day in-patient 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 Chapter; Hospital Length of Stay (LOS) Guidelines.

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, Hospital length of stay.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hospital length of stay following a lumbar microdiscectomy. According to the ODG, Low back section, Hospital length of stay, a 1-day inpatient stay is best practice. As a request is for 2 days, the determination is for non-certification as not medically necessary and appropriate.