

Case Number:	CM15-0004782		
Date Assigned:	01/16/2015	Date of Injury:	11/07/2012
Decision Date:	03/24/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/09/2015

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

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 43-year-old male who reported an injury on 11/07/2012. The mechanism of injury was unspecified. His relevant diagnoses include tarsal tunnel syndrome; other mononeuritis of the lower limb; pain in the joint, ankle, and foot; displacement of the lumbar intervertebral disc without myelopathy; other disorders of the coccyx; lumbar sprain/strain; and coccyx sprain/strain. His past treatments included medications, surgery, and physical therapy. On 12/10/2014, the injured worker complained of pain primarily in the tailbone and pressure in the tailbone area and buttocks. The physical examination of the lumbar spine revealed pain produced upon palpation to the L5-S1 region down to the coccygeal region with tenderness. The injured worker's neurologic evaluation indicated motor, sensation, and reflexes were within normal limits and a negative straight leg raise. The injured worker's review of systems indicated hypertension controlled with medications under cardiovascular and negative for all other system reviews. His relevant medications included simvastatin 40 mg, lisinopril 20 mg, and multivitamins. The treatment plan included an assistant surgeon and preoperative labs. A rationale was not provided for review. A Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associates Surgical Services: Assistant Surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back procedures

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, Surgical assistant.

Decision rationale: The request for an assistant surgeon is medically necessary. According to the Official Disability Guidelines, the use of a surgical assistant is indicated as an option in more complex surgeries. The injured worker was indicated to be undergoing a coccygectomy due to direct trauma to the coccyx. As the surgical request is indicated as a complex surgical procedure, the request for a surgical assistant would be indicated as medically necessary and supported by the evidence based guidelines. As such, the request is medically necessary.

Associates Surgical Services: Labs; CBC, Chem Panel (BMP), EKG, PT, PTT, INR, X-ray: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC update 8/22/14 Pre-operative testing

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, Preoperative testing, general.

Decision rationale: The request for associated surgical services: labs; CBC, chem panel (BMP), EKG, PT, PTT, INR, x-ray is medically necessary. According to the Official Disability Guidelines, preoperative lab testing is indicated to identify and stratify surgical risks, to include anesthetic choices, postoperative management, and to determine high risk injured workers for operative and postoperative complications. The injured worker is indicated to be undergoing a coccyx surgical procedure. The injured worker was also indicated to have hypertension associated with the cardiovascular system. Based on the above, the request is supported by the evidence based guidelines. As such, the request is medically necessary.