

Case Number:	CM15-0061649		
Date Assigned:	04/07/2015	Date of Injury:	01/23/2013
Decision Date:	06/11/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/01/2015

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 50-year-old male who sustained an industrial injury on 1/23/13. Injury was reported relative to continuous trauma in his work activities was a deputy sheriff. The 9/23/14 electrodiagnostic study evidenced chronic L5 nerve root irritation bilaterally. The 9/29/14 lumbar spine MRI documented a 3 mm broad-based disc bulge at L4/5 with unroofing superiorly. There was a moderate component of extrusion broadly across the midline extending into both foramina migrating as much as 7 mm above the L4 inferior endplate. Foraminal stenosis was moderate to severe bilaterally. There was a 7 mm anterolisthesis at L5/S1 with chronic pars defects bilaterally at L4. The 1/26/15 treating physician report cited constant, severe grade 8/10 low back pain radiating into the lower extremities, which was characterized as burning. Functional difficulty was noted. Physical exam documented numbness and tingling in an L5 and S1 dermatomal pattern, 4/5 weakness in the L5 and S1 innervated muscles, and restricted range of motion. The diagnosis included lumbar discopathy, grade II-III spondylolisthesis at L4-L5 with pars defect L4 bilaterally, significant disc extrusion and disc herniation at L5-S1, and chronic bilateral L5 radiculopathy. Authorization was requested for L4-S1 posterior lumbar interbody fusion with instrumentation and possible reduction of listhesis; front wheeled walker, thoracic/lumbar/sacral orthotics (TLSO), pre-operative medical clearance, 2-3 day inpatient hospital stay, and assistant surgeon. The 3/12/15 utilization review certified an associated request for L4/5 posterior lumbar interbody fusion with possible reduction of the listhesis. The request for a thoracolumbar sacral orthosis (TLSO) was non-certified as there was no evidence that bracing improved fusion rates or clinical outcomes to support use. The request

for an assistant surgeon was non-certified as this procedure was commonly performed by a solo surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic Lumbar Sacral Orthosis: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Walking Aids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines 2nd Edition, Chapter 12 Low Back Disorders. (Revised 2007) page(s) 138-139.

Decision rationale: The California MTUS guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The revised ACOEM Low Back Disorder guidelines do not recommend the use of lumbar supports for prevention or treatment of lower back pain. However, guidelines state that lumbar supports may be useful for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Guideline criteria have been met for the post-operative use of a TLSO for pain control and stabilization. Therefore, this request is medically necessary.

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, Low Back-Surgical Assistant.

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. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures, which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT code 22630, there is a "2" in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.

