

Case Number:	CM15-0072482		
Date Assigned:	04/22/2015	Date of Injury:	06/18/2013
Decision Date:	05/21/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/15/2015

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:

This injured worker was a 65-year-old female sustained an industrial injury on 6/18/13. Past surgical history was positive for an L5/S1 lumbar fusion 4/3/14. The 2/10/15 treating physician report cited persistent constant grade 6/10 hardware-related low back. Pain was aggravated by prolonged sitting or lying flat, and with colder weather. Physical exam documented pain over the top of palpable hardware, both superficially and deep. A hardware block was performed with almost complete resolution of symptoms, confirming the hardware as a pain generator. X-rays of the lumbar spine showed a rod and screw fixation at L5-S1 without hardware failure. There was some osteolysis around the screw holes with complete bone consolidation. The treatment plan included removal of lumbar spine hardware with associated surgical services. The 4/10/15 utilization review certified a request for L5 through S1 removal of spinal hardware with fusion mass, nerve root exploration, and possible re-grafting of pedicle screw holes. The request for an assistant surgery was modified to a surgical assistant (RN, PA, or surgical technician) as there was no provided rationale why a board-certified surgeon would be needed for this procedure.

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 Official Disability Guidelines.

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 the requested exploration of the fusion, CPT code 22830, there is a "2" in the assistant surgeon and a "1" in the co-surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.