

<b>Case Number:</b>	CM13-0022407		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	10/14/2011
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgeon and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 37-year-old gentleman who was injured in a work related accident on October 14, 2011 when he sustained an injury to the low back while carrying a 40 pound box. It is noted that the claimant failed conservative care and the recommendation was made for an L3-4 and L4-5 posterior lumbar fusion with instrumentation. This surgical request has not been supported by the carrier. At present, there is no indication the process has occurred nor is there any indication that the surgery was recommended. The most recent progress report was dated July 3, 2013 documenting continued low back and leg complaints with examination showing restricted range of motion, 5/5 distal strength and mildly diminished sensation in the left lateral lower extremity distribution. In addition to the recommendation for the two level fusion, there are multiple post-operative requests.

### 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:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic Surgeon Position Statement Reimbursement of the First Assistant at Surgery.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR

MEDICAL EVIDENCE: MILLIMAN CARE GUIDELINES 17TH EDITION: ASSISTANT SURGEON GUIDELINES.

**Decision rationale:** The request for an L3-4 and L4-5 posterior lumbar fusion with instrumentation cannot be recommended as medically necessary. Therefore, the assistant surgeon would also not be necessary.