

<b>Case Number:</b>	CM14-0005028		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	10/20/2009
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in Maryland. 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 injured worker is a 28 year old male who sustained an injury on 10/20/09 while carrying a heavy box on his shoulders. The injured worker indicated that he slipped and fell landing on the buttocks causing low back pain. The injured worker is noted to have had a prior L4-5 laminectomy which was performed in March of 2010. Previous electrodiagnostic studies from 2011 were reported to show a chronic left S1 radiculopathy. The last clinical report for this injured worker available for review was the agreed medical evaluation from 11/01/12. No recent imaging or other clinical evaluations were provided for review. The requested L4-5 and L5-S1 anterior discectomy and fusion from L4 through S1 as well as posterolateral fusion and instrumentation with an assistant surgeon, postoperative lumbar brace, postoperative front wheeled walker, postoperative 3-in-1 commode, and a 4 day inpatient stay were all denied by utilization review on 01/09/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-5, L5-S1 ANTERIOR DISCECTOMY AND ARTHRODESIS L4-S1 POSTERIOR AND INSTRUMENT FUSION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 305-307.

**Decision rationale:** In regards to the requested L4-5 and L5-S1 anterior discectomy with fusion from L4 through S1 as well as posterolateral fusion and instrumentation, this reviewer would not have recommended this procedure as medically necessary based on review of the clinical documentation submitted as well as current evidence based on American College of Occupational and Environmental Medicine (ACOEM) guidelines. The injured worker is noted to have had a prior L4-5 discectomy performed bilaterally on 03/05/10. There are no recent clinical assessments for this injured worker including updated imaging studies identifying any evidence of a recurrent disc herniation at L4-5, evidence of spondylolisthesis severe in nature, any evidence of instability, or evidence of complete collapse of the disc spaces at L4-5 or L5-S1 to support the surgical request. There is limited documentation regarding any recent conservative treatment to include medication management, physical therapy, or injections. There is no documentation regarding any preoperative psychological consult ruling out any confounding issues that could possibly impact the injured worker's postoperative recovery as recommended by Given the paucity of clinical information available for review for this injured worker, this reviewer would not have recommended the request as medically necessary.

**ASSISTANT SURGEONS (ANTERIOR APPROACH AND POSTERIOR ASSIST):**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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: AMERICAN ASSOCIATION OF ORTHOPAEDICS SURGEONS POSITION STATEMENT REIMBURSEMENT OF THE FIRST ASSISTANT AT SURGERY IN ORTHOPAEDICS [HTTP://WWW.AAOS.ORG/ABOUT/PAPERS/POSITION/1120.ASP](http://www.aaos.org/about/papers/position/1120.asp) (DATE ACCESSED: 7/10/2013).

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**SOFTEC LUMBAR BRACE FOR PURCHASE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, BACK BRACE, POST-OPERATIVE FUSION.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**FRONT WHEEL WALKER FOR PURCHASE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE & LEG CHAPTER, WALKING AIDS.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**3 IN 1 COMMODE FOR PURCHASE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE & LEG CHAPTER, WALKING AIDS.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**4 DAYS INPATIENT STAY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, INJURED WORKER HOSPITALIZATION.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.