MAXIMUS Federal Services

| Case Number: | CM14-0122051 | | |
|---|---|---|---|
| Date Assigned: | 08/06/2014 | Date of Injury: | 10/20/2011 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 07/24/2014 |
| Priority: | Standard | Application Received: | 08/03/2014 |

## 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 Orthopedic Surgery 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 patient is a 44-year-old gentleman injured in a work-related accident on October 20, 2011. The records available for review document an injury to the lumbar spine, for which the patient underwent decompressive microdiscectomy at the L5-S1 level. The MRI on April 1, 2014 showed mild degenerative changes, a stable right paracentral shallow disc protrusion at the L5-S1 level, and no compressive pathology. The progress report dated June 12, 20014 states the patient had severe low back pain and stiffness with radiating numbness and tingling to the lower extremities. The physical examination showed restricted range of motion of the lumbar spine with positive bilateral straight leg raising and Faber's testing. Weakness of right knee extension and hip flexion bilaterally at 4/5 was noted. Distal reflexes were equal and symmetrical. The records state that the patient failed conservative measures, including physical therapy, injections and medication management. The report of plain film radiographs taken concurrent with the June 12, 2014, office visit showed diminished disc space at L5-S1 but no segmental instability. This request is for a revision procedure to include decompression and instrumented fusion at the L5-S1 level; instrumentation associated with the surgery; and the assistance of a co-surgeon.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Co-Surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.bcbsnc.com - Blue Cross and Blue Shield Co Surgeon, Assistant Surgeon, Team Surgeon and Assistant-at-Surgery Guidelines.

**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 18th edition: assistant surgeonAssistant Surgeon Guidelines (Codes 21810 to 22856) CPTÂ® Y/N Description 22533 Y Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar 22558 Y Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar 22634 Y Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure.

**Decision rationale:** The request for revision decompression and instrumented fusion at the L5-S1 level is not established as medically necessary. Therefore, the request for a co-surgeon is not medically necessary.

**Instrumentation L5-S1:** 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): 307.

**Decision rationale:** The request for fusion at the L5-S1 level is not established as medically necessary. Therefore, the request for instrumentation associated with the fusion is not medically necessary.

**Anterior lumbar fusion w/insertionw/interbody spacer and bone:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back updated 07/03/2014 - patient Selection Criteria for Lumbar Spinal Fusion.

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

**Decision rationale:** The level for the fusion is not identified. Looking at the medical records the recommendation for fusion is at the L5-S1 level. California MTUS ACOEM Guidelines would not support an interbody fusion at the L5-S1 level. ACOEM Guidelines recommend lumbar fusion when a patient's clinical presentation includes spinal fracture, disk dislocation or segmental instability following a prior decompressive procedure. In this case, the reviewed

records document no segmental instability or progressive neurologic findings on examination or imaging. The factors that would support revision lumbar surgery under guidelines criteria are absent. Therefore, the request for anterior lumbar fusion w/insertion w/interbody spacer and bone is not medically necessary.