

<b>Case Number:</b>	CM14-0165216		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	03/24/2007
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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:

This is a 38 year old female with a 3/24/07 injury date. In a 9/11/14 follow-up, subjective findings included low back pain. Objective findings included spinal tenderness with spasm, lumbar flexion to 20 degrees, extension to 5 degrees, lateral bending to 10 degrees, and positive bilateral straight leg raise at 90 degrees. A 1/6/12 lumbar CT showed evidence of prior L5-S1 microlaminectomy and narrowing of the L5-S1 disc space with small osteophyte formation posteriorly. A lumbar x-ray on 4/18/14 showed hyperemic and sclerotic bone changes, and marked disc collapse at L5-S1. Diagnostic impression: lumbar disc disease. Treatment to date: physical therapy, acupuncture, chiropractic care, extracorporeal shockwave therapy, TENS unit, medications, lumbar laminectomy. A UR decision on 9/26/14 denied the request for L5-S1 anterior lumbar discectomy, fusion allograft, and screw fixation on the basis that there is no psychosocial screen to address confounding issues, and the physical exam does not correlate well with the imaging findings. The requests for assistant surgeon and 2-day inpatient stay were denied because the surgical procedure was not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 anterior lumbar discectomy, fusion allograft, and screw fixation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter--Fusion, Spine

**Decision rationale:** CA MTUS states that there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. However, in this case there is insufficient objective evidence for fracture, dislocation or spondylolisthesis on exam and imaging studies. There are no flexion/extension x-rays available and the CT does not show evidence of spinal instability. In addition, there are no documented signs of radiculopathy that would support a decompressive procedure. A psychological clearance was not obtained. Therefore, the request for L5-S1 anterior lumbar discectomy, fusion allograft, and screw fixation is not medically necessary.

**Assistant surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, and Surgical Assistant

**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 Academy of Orthopedic Surgeons (AAOS)

**Decision rationale:** CA MTUS and ODG do not address this issue. American Academy of Orthopaedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics states on the role of the First Assistant: According to the American College of Surgeons: "The first assistant to the surgeon during a surgical operation should be a trained individual capable of participating and actively assisting the surgeon to establish a good working team. The first assistant provides aid in exposure, hemostasis, and other technical functions, which will help the surgeon carry out a safe operation and optimal results for the patient. The role will vary considerably with the surgical operation, specialty area, and type of hospital. "The first assistant's role has traditionally been filled by a variety of individuals from diverse backgrounds. Practice privileges of those acting as first assistant should be based upon verified credentials reviewed and approved by the hospital credentialing committee (consistent with state laws)." In general, the more complex or risky the operation, the more highly trained the first assistant should be. Criteria for evaluating the procedure include: -anticipated blood loss - anticipated anesthesia time -anticipated incidence of intraoperative complications -procedures requiring considerable judgmental or technical skills -anticipated fatigue factors affecting the surgeon and other members of the operating team -procedures requiring more than one operating team. In limb reattachment procedures, the time saved by the use of two operating teams is frequently critical to limb salvage. It should be noted that reduction in costly operating room time by the simultaneous work of two surgical teams could be cost effective. In this case, the procedure is of sufficient complexity to warrant the use of a surgical assistant. However, the

request cannot be approved because the surgical procedure was not certified. Therefore, the request for assistant surgeon is not medically necessary.

**Two day inpatient hospital stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, and Hospital Length of Stay (LOS)

**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--Hospital Length of Stay

**Decision rationale:** CA MTUS does not address this issue. ODG recommends a 3-day inpatient stay after anterior lumbar fusion surgery. The current request for 2-days is warranted. However, this request cannot be approved because the surgical procedure was not certified. Therefore, the request for two day inpatient hospital stay is not medically necessary.