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| <b>Case Number:</b>   | CM14-0035618 |                              |            |
| <b>Date Assigned:</b> | 06/23/2014   | <b>Date of Injury:</b>       | 10/07/2008 |
| <b>Decision Date:</b> | 08/07/2014   | <b>UR Denial Date:</b>       | 03/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/24/2014 |

### 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 40-year-old with an industrial injury dated October 7, 2008. Prior surgeries include decompression at L2-L3, and L3-L4 on October 16, 2012 and spinal cord stimulator implantation on December 19, 2013. Report date January 9, 2014 demonstrates complaint of low back pain radiating to the buttock on the left. Prior conservative treatment of medication has been instilled and was perscribed Norco and Naproxen. Exam note March 4, 2014 states patient returns with a chief complaint of low back pain, and report of poor coverage from the stimulator is noted. Exam demonstrates limited range of motion of the thoracolumbar spine. AP/lateral views of the thoracic spine from Marhc 3, 2014 demonstrates migration of the thoracic leads and are noted to be completely out of the canal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Assistant surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines. Assistant Surgeon Guidelines American Association of Orthopaedic Surgeons.

**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 College of Surgeons,  
1.) <http://www.aaos.org/about/papers/position/1120.asp>.

**Decision rationale:** CA MTUS/ACOEM/ODG are silent on the issue of assistant surgeon. 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. In this case the procedure is a revision of a spinal cord stimulator which does not require an assistant surgeon as it is not a complex spinal procedure. Therefore, the request for an assistant surgeon is not medically necessary or appropriate.

**Medical pre-operative clearance:** 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)-TWC.

**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, Preoperative testing general.

**Decision rationale:** CA MTUS/ACOEM and ODG Neck and upper back chapter are silent on the issue of preoperative testing. An alternative chapter in ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. In this case the patient is a healthy 40 year old without significant comorbidities or physical examination findings concerning for preoperative testing prior to the proposed surgical procedure. In addition the procedure was recently performed in December 2013. There is no evidence in the records of significant change in health status since the initial procedure was performed. Therefore, the request for medical pre-operative clearance is not medically necessary or appropriate.

**Pre-operative education and consent signing:** 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)-TWC Low Back.

**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, Education.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of preoperative education and consent signing. According to ODG, Low Back, Education section, it is recommended for treatment but not necessarily for prevention. It states that patient education may only be informal advice from the treating doctor. In this case the decision for preoperative education and consent signing is bundled in the office visit and is not a separately billable procedure. The

request for a pre-operative education and consent signing is not medically necessary or appropriate.