

<b>Case Number:</b>	CM14-0064931		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/22/2013
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 injured worker is 42 year old male with an industrial injury dated 08/22/13. MRI of 09/20/13 demonstrates a degenerative disc disease at L2-L3, and L5-S1. There was also a small tear at the annulus of L5-S1 disc. The patient is status post a L5-S1 epidural steroid injection as of 12/16/13. Exam note 04/01/14 states the patient returns with low back pain and right lower extremity pain. The patient mentions that the right leg pain is radiating to the foot causing weakness. Current medications include Norco to aid with pain relief. Physical exam demonstrates full range of motion of the lumbar spine. The Lhermitte's sign test was negative, along with the Spurling sign test. The abduction test was negative and the straight leg raising test was positive at 60 degrees with a positive Lasegue's sign. The patient has a motor strength test of 5-/5 on the right and there was evidence of hypesthesia in the lateral portion of the right leg and of the foot. Diagnosis was noted as a L5-S1 disc protusion resulting in chronic low back pain and right lower extremity S1 radiculopathy. Treatment includes a right L5-S1 laminectomy with discectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Assistant Surgeon:** Overturned

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

**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, Surgical assistant.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of assistant surgeon. According to the ODG, Low Back Chapter, Surgical assistant is recommended as an option in more complex surgeries including CPT code 63030, a lumbar microdiscectomy. As the surgical request CPT code is recommended for assistant surgeon, the determination is for certification. Therefore, the request is medically necessary.

**Preoperative Medical Clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Evaluation <http://www.guidelines.gov/content.aspx?id=24426&search=pre-op=clearance>.

**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.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. 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 42 year old without comorbidities or physical examination findings concerning for preoperative testing prior to the proposed surgical procedure. Therefore the request is not medically necessary.

**Preoperative EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative electrocardiogram.

**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.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. 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 42 year old without comorbidities or physical examination findings concerning to warrant preoperative EKG testing prior to the proposed surgical procedure. Therefore the request is not medically necessary.

**Blood Donation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines,Low Back, Preoperative lab testing.

**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.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. 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 42 year old without comorbidities or physical examination findings concerning to warrant preoperative blood donation prior to the proposed surgical procedure. Therefore the request is not medically necessary.

**Chest X-Ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines,Low Back, Preoperative lab testing.

**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.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. 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 42 year old without comorbidities or physical examination findings concerning for chest x-ray prior to the proposed surgical procedure. Therefore the request is not medically necessary.