

<b>Case Number:</b>	CM14-0203925		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	08/09/2002
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 an age undisclosed female with a date of injury of 08/09/2002, her mechanism of injury was not disclosed. Her diagnoses included a failed laminectomy and discectomy at L4-5, chronic low back pain, lumbar radiculopathy. Her past treatments have included physical therapy. Diagnostic studies included an MRI of the lumbar spine, x-rays of the lumbar spine. Her surgical history included lumbar hemilaminectomy at L4-5 and foraminotomy on 08/30/2002, a L4-5 hemilaminectomy and foraminotomy on 08/15/2004, a lumbar decompression and fusion of L4-5 on 08/15/2006, a repair of spinal fluid leak on 08/15/2007. The progress note dated 05/06/2014 documented the injured worker had complaint of low back pain with radiation into the buttocks and legs. The physical exam findings included loss of lumbar lordosis, 2 well healed midline lower lumbar vertical scars. Her active voluntary range of motion was severely reduced secondary to complaints of pain. Her medications included Percocet. Her treatment plan was surgery. The rationale for the request is not included. The Request for Authorization form is not included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**An Assistant Surgeon:** 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 Chapter.

**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, Surgical Assistant

**Decision rationale:** The medical records submitted for review do not include an authorization for the surgery. The Official Disability Guidelines state that a surgical assistant is recommended as an option in more complex surgeries. An assistant surgeon actively assists the physician performing a surgical procedure. While the request for assistant surgeon may be supported after the surgery is authorized, the documentation submitted at this time does not include the authorization for the surgery nor does it specifically indicate the type of surgery. Therefore, the request for assistant surgeon is not supported at this time. Therefore, the request for assistant surgeon is not medically necessary.