

<b>Case Number:</b>	CM15-0042626		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	02/13/2013
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: Oregon, California  
 Certification(s)/Specialty: Neurological 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 a 48-year-old male with a date of injury of 02/13/2013. The mechanism of injury was not included. His diagnoses included thoracic disc herniation and cord compression. Past treatments have included physical therapy, pain medication, and work modification. His diagnostic studies included an MRI of the lumbar spine on 06/25/2013, an MRI of the thoracic spine on 02/05/2015, MRI of the cervical spine on 02/05/2015, and radiograph of the thoracic spine on 02/11/2015. His surgical history included an anterior and posterior spinal fusion, L2-5, performed on 08/21/2014. The patient had complaints of lower back pain and lower extremity radiculopathy/neuropathy. On physical exam, the patient was noted to be doing "very well with respect to his lumbar spine". His medications included Naprosyn and Tylenol. The treatment plan included requesting a posterior thoracic laminotomy, microdiscectomy at T5-6, and fusion procedure at T5-6. The rationale for the request is to prepare for surgery. The Request for Authorization form is signed and dated 02/23/2015 and 03/06/2015 in the medical record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-operative Medical Clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Office Visits.

**Decision rationale:** The request for preoperative medical clearance is not medically necessary. The Official Disability Guidelines state that office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. There is a lack of documentation regarding rationale for the preoperative clearance; there is a lack of documentation of signs and symptoms and areas of concerns in the medical record. The request for preoperative medical clearance is not medically necessary.

**Assistant Surgeon:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 request for assistant surgeon is medically necessary. The Official Disability Guidelines state that in regard to posterior laminotomy, posterior interbody fusion with 1 level instrumentation, the request for assistant surgeon is medically necessary. An assistant surgeon actively assists the physician performing a surgical procedure. Therefore, the request for assistant surgeon is medically necessary.