

<b>Case Number:</b>	CM14-0114415		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	07/11/2011
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 a 46-year-old male who reported an injury on 07/11/2011. The injury reportedly occurred while moving furniture. He was diagnosed with degeneration of lumbar intervertebral disc. His past treatments were noted to include medications, epidural steroid injections, and previous lumbar surgery. On 06/11/2014, the injured worker presented with complaints of low back pain with radiating symptoms into the bilateral lower extremities with associated weakness, numbness, and tingling. On physical examination, it was noted that he had normal motor strength in the bilateral lower extremities, decreased sensation in an S1 distribution in the right lower extremity, and negative straight leg raising. His medications were noted to include Gabapentin, Flexeril, Norco, Ambien, and Trazodone. The treatment plan included a lumbar fusion surgery to include anterior discectomy and fusion with instrumentation at L5-S1. A Request for Authorization form was submitted on 06/12/2014 for an anterior discectomy and fusion with instrumentation at L5-S1 as well as preoperative health clearance, 2 day hospital stay, assisting surgeon, access surgeon, lumbar brace, and 12 sessions of postoperative physical therapy treatment. A clear rationale for the requested access surgeon was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Access surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgeons, Surgical Assistant Procedure Coverage(<http://www.aaos.org/news/bulletin/jun07/managing5.asp>)

**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, and Jarrett, C. D., Heller, J. G., & Tsai, L. (2009). Anterior exposure of the lumbar spine with and without an "access surgeon": morbidity analysis of 265 consecutive cases. *Journal of spinal disorders & techniques*, 22(8), 559-564.

**Decision rationale:** According to the Official Disability Guidelines, a surgical assistant is recommended as an option in more complex surgeries. Additionally, a Jarrett 2009 study indicated that results did not support the notion that the presence of an access surgeon would change the type and rate of complications during lumbar spine surgery. It is further stated that with adequate training and judgment, spinal surgeons may safely perform such exposures, provided a vascular surgical assistant is readily available. The clinical information submitted for review indicated that the injured worker had been recommended for a lumbar fusion surgery and requests were submitted for associated services to include an assisting surgeon and access surgeon. While an assistant surgeon is supported by the evidence based guidelines for the surgery, the referenced peer reviewed literature indicates that an additional access surgeon is not necessary. In addition, the documentation submitted for review failed to indicate that the injured worker had been approved for the requested surgery. For the reasons noted above, the request is not medically necessary.