

<b>Case Number:</b>	CM14-0032227		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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: Texas  
 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 a 39-year-old male who reported an injury on 02/08/2012 due to an unspecified mechanism of injury. On 01/07/2014, he presented for a followup evaluation regarding his industrial lower back injury. He reported pain starting from the right buttock radiating down into the posterior leg and lateral foot. It was stated that he had failed conservative treatment, including physical therapy, acupuncture, and epidural steroid injections as well as medications. A physical examination of the lumbar spine showed no abnormality, deformity, or palpable spasm or tenderness. Range of motion showed 70 degrees of flexion of the hips with forward reach to the mid shin, extension of 20 degrees, and lateral bending of 30 degrees bilaterally. Straight leg raising was positive on the right. There was low back pain with straight leg raising on the left, and the neurological examination showed weakness in the right calf and decreased sensation in the right foot, both medially and laterally. He was diagnosed with right L5-S1 herniated disc, right sciatica, and S1 radiculopathy, and L4-5 and L5-S1 spondylosis with axial lower back pain. The Request for Authorization form shows a concurrent request for right L5-S1 microdiscectomy. The treatment plan was for an assistant surgeon and postop corset. The Request for Authorization form was signed on 02/27/2014. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Op Corset:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

**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, Lumbar Supports.

**Decision rationale:** The Official Disability Guidelines state that braces for postoperative use are under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom postop brace, if any. The documentation submitted for review shows a concurrent request for a lumbar spine microdiscectomy. However, the guidelines state that postoperative braces are under study, and given their lack of supporting evidence, a standard brace would be preferred. The rationale for a postoperative corset was not provided for review. Without a clear indication as to why the injured worker requires a postoperative corset rather than a standard back brace, the request would not be supported. As such, the request is not medically necessary.

**Assistant Surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics

**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 Assistants

**Decision rationale:** The Official Disability Guidelines recommend surgical assistants for more complex surgical procedures. While an assistant surgeon would be supported for the proposed surgical procedure, there is a lack of documentation showing authorization of the requested right L5-S1 microdiscectomy. Therefore, the requested assistant surgeon would not be supported. As such, the request is not medically necessary.