

<b>Case Number:</b>	CM13-0022373		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	10/14/2011
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient is a 37-year-old gentleman who was injured in a work related accident on 10/14/11. Specific to the lumbar spine, there is indication of prior MRI report of 08/26/13 showing a central disc bulge at L4-5, mild facet arthropathy at L5-S1, and a L3-4 mild degenerative level. There was no indication of compressive pathology noted. Records indicate that the claimant has failed conservative care in regard to his low back complaints including medication management, injection therapy, and physical therapy. A recent orthopedic assessment dated 07/03/13 with [REDACTED] indicated ongoing complaints of lower extremity and low back complaints to the left. Objectively, there was noted to be 5/5 motor strength, slightly diminished left lateral lower extremity sensory changes, and equal and symmetrical reflexes. He diagnosed the claimant with L3-4 and L4-5 degenerative disc disease and neuroforaminal stenosis. He recommended the role of a two level lumbar fusion procedure to be performed as well as a preoperative psychological clearance and request for an intraoperative nerve root monitoring during surgical procedure. Records to date do not indicate that surgery has taken place. At present, there is a request for the role of nerve root monitoring.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal cord monitoring:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS/ODG guideline recommendations for surgical intervention

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guideline Treatment in Worker's Comp , 18th Edition, 2013 Updates: low back procedure

**Decision rationale:** California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, intraoperative neurophysiologic monitoring is recommended during spinal or cranial surgical procedures. Unfortunately, in this case, there is no clear documentation as to the support for the claimant's two level lumbar fusion procedure or documentation that the surgery has been authorized or has occurred. As such the need for neurophysiologic monitoring cannot be established.