

Case Number:	CM13-0050040		
Date Assigned:	12/27/2013	Date of Injury:	04/02/2012
Decision Date:	04/18/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/08/2013

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 patient is a 46 year old female who sustained an industrial injury to the lumbosacral spine and coccyx on 2/2/12. CT scan demonstrates a fragmented coccyx with subtle posterior angulation of the tip. An exam note dated 6/5/13 demonstrates report of severe pain. A coccygeal block with local anesthetic was performed. An exam note dated 6/12/13 demonstrates report of coccydynia. No medical comorbidities are noted in review of records.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTRAOPERATIVE MONITORING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the American Academy of Neurology (AAN) Website. Evidence based guideline update: Intraoperative spinal monitoring with somatosensory and transcranial electrical motor evoked potentials. February 21, 2012; the American Association of Neuromuscular and Electrodiagn

Decision rationale: The California MTUS/ACOEM is silent on the issue of neuromonitoring. The Official Disability Guidelines are silent on the issue of neuromonitoring. According to the

above cited peer reviewed literature, the use of intra-operative neurologic monitoring (IOM) is indicated for spinal procedures that pose a potential risk of significant damage to an essential central nervous system structure. As the coccygectomy is well below the conus medullaris, the determination is for non-certification.