

Case Number:	CM13-0058931		
Date Assigned:	12/30/2013	Date of Injury:	08/14/2008
Decision Date:	05/06/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/27/2013

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, has a subspecialty in Spine Surgery and is licensed to practice in Texas and 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 55-year-old male who reported an injury on 06/14/2006. The mechanism of injury was a fall, which resulted in immediate lower back pain. The injured worker was initially treated with aqua therapy and epidural injections, and later received a laminoforaminotomy in 2008, with decompression of the right L5 nerve root. This surgery was noted to provide temporary relief; however, the injured worker experienced an exacerbation. Due to the recurrence of pain, the injured worker received an L5-S1 microdiscectomy in 2011 that was reportedly minimally beneficial. Since that time, the injured worker has been undergoing pain management with the use of medications, and is anticipating a spinal cord stimulator implantation. The injured worker receives routine psychological treatment, pain management, and nonindustrial medical care.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTRA-OPERATIVE NEURO MONITORING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC 2013 LOW BACK, LUMBAR AND THORACIC

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, INTRAOPERATIVE NEUROPHYSIOLOGICAL MONITORING (DURING SURGERY)

Decision rationale: The California MTUS/ACOEM Guidelines did not address intraoperative neurophysiological monitoring; therefore, the Official Disability Guidelines were supplemented. ODG states that intraoperative neuromonitoring is recommended during spinal or intracranial surgeries that have high risk of complications. Such surgeries would include lumbar spinal fusion requiring instrumentation. As spinal cord stimulator implantation is not considered a major spinal surgery, there is no need for intraoperative neurophysiological monitoring. As such, the request for intraoperative neuromonitoring is non-certified.