

Case Number:	CM14-0100676		
Date Assigned:	09/16/2014	Date of Injury:	10/23/2007
Decision Date:	10/07/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/30/2014

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 Spine Surgery and is licensed to practice in New York. 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 has chronic low back pain. She also reports pains radiating to the lower extremities. On physical examination she has reduced range of motion of the lumbar spine. She has tenderness palpation of the lumbar spine. She has reduced strength in right knee flexion extension. The remainder of her strength is normal in the lower extremities. Sensation is normal in the bilateral lower extremities and reflexes are normal and symmetric. The patient is diagnosed with lumbosacral arthritis and had anterior fusion of L5-S1 and 2008. She also has depression which is stabilized with Paxil. Imaging studies suggest disc herniation spinal stenosis above the fusion at L4-5. Patient had a positive diagnostic S sign injection. She has physical exam findings suggestive of SI joint pain. At issue is whether SI joint fusion is medically necessary and whether neurophysiologic monitoring for SI joint fusion is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurophysiologic spinal 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-Treatment in Workers' Comp.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG low back, low back, Hip and pelvis, Intraoperative

Neurophysiological Monitoring of the Spinal Cord: an Overview. Shilian P, Gonzalez AA, Zada G, Kim A. J Clin Neurophysiol. 2014 Sep 16. [Epub ahead of print] No abstract available. PMID: 25233250 [PubMed - as supplied by publisher] Related citations.

Decision rationale: Neurophysiologic monitoring is not necessary for SI joint fusion. SI joint fusion is a low risk operation. Is not the region of the spinal cord. The likelihood of severe neurologic injury with SI joint fusion is extremely low. Utility of neurophysiologic monitoring for SI joint fusion has not been established in medical literature. Literature does not support the need for SI joint fusion neurophysiologic monitoring. In addition, the medical records do not support the need for SI joint fusion. Does not have documented significant attempt at physical therapy for SI joint pain. More conservative measures are needed. Also, the medical records do not show imaging studies demonstrating SI joint pathology. Criteria for SI joint fusion not met

Pre-operative appointment with Dr. Coe.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Comp.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG low back chapter , hip and pelvis.

Decision rationale: This patient does not meet establish criteria for SI joint fusion. Specifically the imaging studies do not show any evidence of SI joint pathology. And there is not a documented sustained attempt at SI joint physical therapy. Since I joint fusion is not medically necessary than preoperative evaluation is not medically necessary.