

Case Number:	CM14-0102332		
Date Assigned:	09/24/2014	Date of Injury:	03/03/2008
Decision Date:	10/24/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/02/2014

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 Neurological 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:

According to the records made available for review, this is a 50-year-old female with a 3/3/08 date of injury, and L4-5 and L5-S1 fusion with anterior cage on 6/21/14. At the time (6/23/14) of the Decision for Intraoperative Monitoring: Somatosensory Evoked, there is documentation of subjective (low back pain) and objective (tenderness over the lumbar spine and painful range of motion) findings, current diagnoses (L5-S1 degenerative disc disease), and treatment to date (medications, physical therapy, chiropractic treatment, and epidural injections). Medical reports identify a certification for a L5-S1 fusion with instrumentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intraoperative Monitoring: Somatosensory Evoked: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

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: MTUS does not address the issue. ODG identifies documentation of spinal or intracranial surgeries when such procedures have a risk of significant complications that can be detected and prevented through use of neurophysiological monitoring, as criteria necessary to support the medical necessity of Intraoperative neurophysiological monitoring (during surgery). In addition, ODG identifies that intraoperative neurophysiological monitoring during spine surgery is currently accepted as standard practice for many procedures and should be used at the discretion of the surgeon to improve outcomes of spinal surgery. Within the medical information available for review, there is documentation of a diagnosis of L5-S1 degenerative disc disease. In addition, there is documentation of a 6/21/14 L4-5 and L5-S1 fusion with anterior cage that was previously certified and authorized, therefore based on guidelines and a review of the evidence, the request for Intraoperative Monitoring: Somatosensory Evoked is medically necessary.