

<b>Case Number:</b>	CM14-0019106		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	03/29/2011
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Ortho spine surgeon 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 is a 64-year-old female with a date of injury of March 29, 2011. She complains of chronic low back pain. She had a previous L3-L5 fusion 2011. She's had conservative measures including medications an anesthetic block of hardware. The physical examination shows diminished toe walking on the right and he'll raising on the right. She has diminished ankle reflexes. Motor exam is 4-5 with right knee flexion-extension. A MRI shows postsurgical changes at L3-4 and L4-5 with no disc bulges. EMG from October 2011 show L5 radiculopathy. X-ray from July 2012 show postsurgical changes without signs of complication. No instability was noted on flexion-extension views. At issue is whether additional spinal surgery including interbody fusion L5-S1 with removal of hardware at L3-5 is medically needed along with normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **INTRA-OPERATIVE NEUROMONITORING IN THE OPERATING ROOM 15 MINUTES FOR THE LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Non-MTUS Other Medical Treatment Guideline or Medical Evidence: MTUS: page 307.

**Decision rationale:** There is no medical necessity for intraoperative monitoring. This patient does not meet establish criteria for lumbar surgery. There is no evidence of hardware loosening or failure fusion. There is no evidence of lumbar instability that would necessitate fusion. Since lumbar fusion is not medically necessary, then lumbar neurophysiologic monitoring is not needed. Criteria for lumbar surgery are not met. Since surgery is not met, there is no need for intraoperative monitoring.