

Case Number:	CM14-0110266		
Date Assigned:	08/01/2014	Date of Injury:	06/12/2012
Decision Date:	09/23/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/15/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 64 year old male with a date of injury on 6/12/2012. Diagnoses include lumbar stenosis and lumbosacral neuritis. Patient is status post left L4-5 discectomy. Subjective complaints are of back pain. Physical exam showed positive left straight leg raise test, and normal motor, reflex, and sensory evaluations. The patient was recommended for L4-5 interbody fusion that was performed on 3/18/14. Request is for intraoperative spinal cord monitoring, somatosensory evoked potential monitoring, and EMG and H-reflex studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intraoperative Spinal cord monitoring: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: The ODG recommends intra-operative monitoring during spinal or intracranial surgeries when such procedures have a risk of significant complications that can be detected and prevented through use of neurophysiological monitoring. The following types of

intra-operative monitoring may be necessary: somatosensory-evoked potentials; brainstem auditory-evoked potentials; EMG of cranial or spinal nerves; EEG; & electrocorticography (ECoG). Intra-operative EMG and nerve conduction velocity monitoring on peripheral nerves during surgery is not recommended. For this patient, lumbar fusion was being performed. Therefore, the use of intra-operative spinal cord monitoring was appropriate and medically necessary for this patient.

Somatosensory Evoked Potential Monitoring for the bilateral upper and lower extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: The ODG states that the use of intra-operative SSEP (somatosensory evoked potential) or DSEP (dermatomal sensory evoked potential) monitoring is recommended as an adjunct in those circumstances during instrumented lumbar spinal fusion procedures in which the surgeon desires immediate intra-operative information regarding the potential of a neurological injury. This patient was undergoing spinal fusion. Therefore, the use of SSEP is supported by guideline recommendations, and the medical necessity is established.

Electromyography and H-Reflex studies of the bilateral upper and bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Low back lumbar & thoracic (acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (ODG) LOW BACK, INTRAOPERATIVE NEUROPHYSIOLOGICAL MONITORING.

Decision rationale: The ODG states that the use of intra-operative evoked EMG (electromyography) recordings is recommended in those circumstances in which the operating surgeon wishes to confirm the lack of a neurological injury during pedicle screw placement. A normal evoked EMG response is highly predictive of the lack of a neurological injury. This patient underwent lumbar fusion with the use of pedicle screws. Therefore, the use of EMG is consistent with guideline recommendations, and the medical necessity is established.