

<b>Case Number:</b>	CM14-0159527		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Orthopedic Spine Surgeon and is licensed to practice in Texas. 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 57-year-old male who reported an injury on 04/01/2013. The mechanism of injury involved repetitive activity. The current diagnoses include low back pain with radicular symptoms and a 14 mm disc extrusion at L4-5. The latest physician progress report submitted for this review is documented on 07/29/2014. Previous conservative treatment is noted to include medications, physical therapy and lumbar epidural steroid injection. The injured worker presented with complaints of persistent low back pain with radiation into the left lower extremity. Physical examination revealed paravertebral muscle spasm and tenderness, positive straight leg raising on the left, and decreased sensation to light touch over the left L4 and L5 dermatomes. Treatment recommendations at that time included a spine surgery evaluation. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ionm in operating room 15 min:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Occupational Medical Practice Guidelines, p 305-308; Official Disability Guidelines, Low Back, Fusion (spinal)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, Intraoperative neurophysiological monitoring (during surgery).

**Decision rationale:** The Official Disability Guidelines recommend intraoperative neural physiological monitoring during spinal or intracranial surgeries when such procedures have a risk of significant complications that can be detected and prevented through the use of neural physiological monitoring. As per the documentation submitted, the injured worker was pending authorization for an anterior and posterior fusion at L4-5. However, there is no indication that this injured worker's surgical procedure has been authorized. Therefore, the current request cannot be determine as medically appropriate at this time.