

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0023670 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 12/01/1999 |
| Decision Date: | 07/15/2014 | UR Denial Date: | 02/14/2014 |
| Priority: | Standard | Application Received: | 02/25/2014 |

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 Physical Medicine & Rehabilitation 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:

This 54 year-old patient sustained an injury on 12/1/1999. Report of 1/31/14 from the provider noted patient with constant lumbar pain rated at 7-9/10 radiating to right calf and neck pain. The patient wished to proceed with lumbar surgery. There is history of post-laminectomy syndrome of cervical spine with hardware injection and lumbar and cervical fusion surgeries (undated). Current diagnosis was L4-5 lumbar stenosis with request for right L4-5 decompression and foraminotomy surgery with intra-operative neurophysiological monitoring along with pre-op labs and ECG. Undated CT scan of lumbar spine noted to show right L4-5 foraminal stenosis and MRI noted to show broad based disc bulge at L4-5 with bilateral foraminal stenosis and heterologic bone growth at facet joints without objective interpretations. There was a pre-op evaluation dated 2/14/14 noting marked improvement with changes in medications of Percocet, Wellbutrin and Butrans patch s/p Medrol dose pack and discontinuation of Lyrica. The patient was s/p exercise treadmill test and myocardial perfusion scan with negative maximal tolerance test and normal perfusion study; Echocardiogram showing no pericardial effusion; Holter monitoring indicated occasional PVC otherwise normal study; EKG with normal sinus rhythm. On 2/14/14, utilization reviewer had peer-to-peer with determination for non-certification of requested right L4-5 decompression and foraminotomy along with all associated surgical pre-operative and intra-operative diagnostics.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTRAOPERATIVE NEUROPHYSIOLOGICAL MONITORING: Upheld

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 Chapter, Intraoperative Neurophysiological Monitoring.

Decision rationale: On 2/14/14, utilization reviewer had peer-to-peer discussion with determination for non-certification of requested right L4-5 decompression and foraminotomy along with all associated surgical pre-operative and intra-operative diagnostics. As the surgical procedure was not certified, thereby, deeming the associated intra-operative monitoring not medically indicated or necessary. Additionally, submitted reports have not demonstrated any comorbidities with recent cardiac pre-operative work-up to be unremarkable. At this time, the intraoperative neurophysiological monitoring is not medically necessary and appropriate.