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| Case Number: | CM14-0033405 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 09/03/2009 |
| Decision Date: | 07/22/2014 | UR Denial Date: | 02/20/2014 |
| Priority: | Standard | Application Received: | 03/17/2014 |

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:

The injured worker is a 49 year old female who sustained injuries to her low back on 09/03/09. On this date, she is reported to have tripped over a step stool landing on her low back. The records indicate that the injured worker had significant low back pain that was unremitting and failed to respond to conservative management. She was ultimately taken to surgery on 05/03/11 at which time she underwent an L4 through S1 fusion. The records later indicate that the injured worker was identified as having developed a pseudarthrosis. She was subsequently approved for a revision surgery. Records indicate that the injured worker was taken to surgery on 01/29/14 during which time she underwent intraoperative monitoring. The injured worker underwent a removal of hardware and subsequent revision of the pseudarthrosis with reinstrumentation. The record includes a utilization review determination dated 02/20/14 in which a request for intraoperative neurophysiological monitoring was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Intra-operative Neurophysiological Monitoring (IONM) Quantity: 1.00:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines, Low back, Intraoperative Neurophysiological Monitoring (during surgery).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Low Back Chapter, Intraoperative Neurophysiological Monitoring.

Decision rationale: The submitted clinical records indicate that the injured worker underwent a revision surgery for pseudarthrosis on 01/29/14. The nature and type of surgery that was performed would not have required intraoperative monitoring as there was no nerve root exposure or potential for iatrogenic injury. As such, the medical necessity for intraoperative monitoring was not established and therefore not medically necessary.