

Case Number:	CM14-0033947		
Date Assigned:	06/20/2014	Date of Injury:	05/11/2003
Decision Date:	07/24/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/18/2014

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 Surgery and is licensed to practice in Texas, Tennessee and Montana. 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 69-year-old female who sustained an injury on 05/11/2003 when getting out of her car. The clinical note dated 03/03/2014 states that the injured worker presented with back pain radiating to the bilateral legs with heaviness, difficulty standing, frustration, and anxiety. Upon examination, she had tenderness to palpation over the L1-2 segment, increased pain with extension of the back, motor strength testing revealed 4/5 strength in the gastroc, peroneal, and posterior tibialis of the left, there was tightness in the left leg to straightening and a positive left straight leg sign. There was pain that radiated to the medial part of the right thigh accompanied by spasm. There was evidence of a solid lumbar fusion from L2-S1, and indwelling hardware, and degenerative segment of L1-2 mild retrolisthesis. Diagnoses were adjacent level stenosis, foraminal at L1-2 with progressive intervertebral disc collapse at L1-2 above a fusion from L2 to S1 with neurogenic claudication. The treatment plan includes a recommendation for a lateral and posterior fusion, still waiting on authorization. The provider also recommended preoperative laboratory testing and spinal cord monitoring. Other therapy included medication, surgery, and physical therapy. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative laboratory test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic.

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, Preoperative Testing.

Decision rationale: The ODG states that the decision to order preoperative tests should be guided by the injured worker's clinical history, comorbidities, and physical examination findings. The medical documentation lacked evidence of a high surgical risk, or physical examination findings that would be indicative of preoperative lab testing. There was a lack of evidence of when the injured worker last performed laboratory monitoring. The preoperative laboratory testing was intended to be used in conjunction with lumbar fusion surgery; however, their use at this point is not yet been indicated. Therefore, the requested preoperative laboratory testing is not medically necessary.

Spinal cord monitoring: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic.

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 spinal cord 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 neurophysiological monitoring. Although a high quantity of evidence supporting the use of monitoring in cervical, thoracic, and lumbar spine surgeries is lacking, an operative neurophysiological monitoring during spine surgery is currently accepted as standard practice for many procedures and should be used at the discretion of the surgeon to improve outcomes of spinal surgery. As the presently requested spinal cord monitoring is intended to be used in conjunction with surgery, the use at this point is not indicated. The medical necessity of this request is not established. Therefore, the requested spinal cord monitoring is not medically necessary.