

Case Number:	CM14-0060660		
Date Assigned:	07/16/2014	Date of Injury:	01/08/2013
Decision Date:	08/22/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/14/2014

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 California and 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 54-year-old male who reported injury on 1/8/13. The documentation of 2/14/14 revealed the injured worker was with cervical radiculopathy and herniated disc who was going for a cervical fusion. The prior treatments were not provided. The medications included Flexeril and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intraoperative Neurophysiology for date of service 2/14/14: 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) Neck & Upper Back Chapter, Intraoperative neurophysiological monitoring (during surgery).

Decision rationale: The Official Disability Guidelines recommend intraoperative neurophysiological monitoring during spinal or intercranial surgeries when such procedures have the risk of significant complications that can be detected and prevented through the use of neurophysiologic monitoring. The clinical documentation submitted for review indicated the injured worker was undergoing an anterior cervical discectomy fusion at C4-C7. This would

support the necessity for the requested monitoring as the injured worker had multiple level involvement increasing the risk for complications. Given the above, the request for intraoperative neurophysiology for date of service 02/14/2014 is medically necessary.