

Case Number:	CM14-0065668		
Date Assigned:	07/11/2014	Date of Injury:	04/16/2007
Decision Date:	11/25/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/08/2014

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 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 52-year-old male who reported an injury on 04/16/2007. The mechanism of injury was not stated. The current diagnoses include displacement of cervical intervertebral disc without myelopathy, degeneration of cervical intervertebral disc, intervertebral disc disorder with myelopathy, cervical spondylosis with myelopathy, and lumbosacral spondylosis without myelopathy. The injured worker was evaluated on 04/23/2014 following a cervical epidural injection. The injured worker reported ongoing cervical pain with left upper extremity radiculopathy. Previous conservative treatment also includes medications and activity modification. The current medication regimen includes hydrocodone, Opana, Naprosyn, and omeprazole. The physical examination revealed cervical tenderness and paraspinous spasm, dysesthesia in the left upper extremity to the thumb and radial forearm, and left sided triceps and brachioradialis weakness with diminished deep tendon reflexes. The treatment recommendations at that time included a C4-5 anterior cervical decompression and disc replacement. A Request for Authorization form was then submitted on 04/25/2014 for the C4-5 total disc arthroplasty as well as intraoperative neurophysiological monitoring.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The Official Disability Guidelines state intraoperative neurophysiological monitoring is recommended 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. There is no indication that this injured worker's surgical procedure has been authorized. Therefore, the current request is not medically necessary at this time. As such, the request is not medically necessary.