

<b>Case Number:</b>	CM15-0188486		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	07/15/2009
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Arizona, Maryland  
 Certification(s)/Specialty: Psychiatry

### 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 61 year old female, who sustained an industrial injury on July 15, 2009, incurring low back injuries. She was diagnosed with lumbar disc displacement, lumbar neuritis, lumbar spinal stenosis, sciatica and acquired spondylolisthesis. She underwent a lumbar laminectomy and lumbar fusion. Treatment included physical therapy, pain medications, and restricted activities. Currently, the injured worker complained of continued lower back pain rated 8 out of 10 on a pain scale from 1 to 10, radiating into the left lower extremity with numbness and limited range of motion. She noted her legs were weak and giving way. She used a walker for mobility secondary to the pain and leg weakness. Lumbar x rays revealed retrolisthesis of the lumbar spine with instability on flexion and extension. On July 15, 2015, the injured worker underwent lumbar hardware removal and exploration status post fusion and laminectomy. The treatment plan that was requested for authorization on September 24, 2015, included a retrospective review of intraoperative neurophysiology testing for a date of service of July 15, 2015. On August 25, 2015, a request for intraoperative neurophysiology testing was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Review of Intraoperative Neurophysiology Testing for Dos: 07/15/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/ Neuro Physiologic Pain Profile (NP3).

**Decision rationale:** Per ODG, "Neuro Physiologic Pain Profile (NP3): Not recommended. There are no published studies. A private company Neuro PAS developed the Neuro Physiological Pain Profile, or the NP3, and is trying to market it."The injured worker suffers from lumbar disc displacement, lumbar neuritis, lumbar spinal stenosis, sciatica and acquired spondylolisthesis status post lumbar laminectomy and lumbar fusion. The request for Retrospective Review of Intraoperative Neurophysiology Testing for Dos: 07/15/15 is not medically necessary since such testing is not recommended by the guidelines. The request is not medically necessary.