

Case Number:	CM15-0196440		
Date Assigned:	10/12/2015	Date of Injury:	10/27/1995
Decision Date:	11/24/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/06/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57 year old male with a date of injury on 10-27-95. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck pain. Progress report dated 6-3-15 reports worsening neck pain with bilateral upper extremity numbness and tingling. The pain is rated 4-7 out of 10. Objective findings: normal reflex, sensory and power testing to bilateral upper and lower extremities, gait is normal, can heel toe walk, cervical tenderness, muscle spasms noted in the para-spinal musculature, cervical range of motion is decreased by 30 percent. Progress report dated 8-18-15 reports continued complaints of neck pain. Objective findings: C3-4 disc collapse and advanced degenerative disc disease. Fusion recommended. MRI of cervical spine on 9-23-14 reveals C3-4 spondylosis with mild nerve compression, status post fusion, x-rays of cervical spine on 1-19-15 reveals collapse and retrolisthesis C3-4 and C4-7 probable solid anterior fusion. CT of cervical spine 4-27-15 solid fusion C4-7 and stenosis at C3-4. Request for authorization dated 8-28-15 was made for intra-operative Neuromonitoring. Utilization review dated 9-11-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intra-Operative Neuromonitoring: 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), Neck and Upper Back, Intra-operative neuro-monitoring.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and back (intraoperative neuro-monitoring).

Decision rationale: CA MTUS does not address request for intraoperative neurophysiologic monitoring (IOM), so ODG was referenced. ODG states, "in the neck for low risk elective cervical spine surgery for degenerative conditions, IOM adds significantly to the cost of the procedure without a corresponding benefit in safety or patient outcome according to a new study." The proposed procedure is an ACDF at the C3-C4 level and no rationale is given to support the request for IOM. Therefore the request is not medically necessary or appropriate.