

Case Number:	CM15-0208705		
Date Assigned:	10/27/2015	Date of Injury:	10/13/2005
Decision Date:	12/09/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female with an industrial injury date of 10-04-2007. Medical record review indicates she is being treated for rule out coronary artery disease, hypertension, diabetes, gastroesophageal reflux disease, anemia and elevated GGT and AST. Subjective complaints (08-19-2015) included severe back pain radiating into the bilateral lower extremities with pain, paresthesia and numbness. The injured worker stated that she was unable to continue with activity of daily living or a reasonable home exercise program. Prior treatment included epidural steroid injection and physical therapy. Physical examination showed spasm, tenderness and guarding in the paravertebral musculature of the lumbar spine. There was decreased sensation noted bilaterally in the lumbar 5 and sacral 1 dermatomes with pain. Lumbar fusion was requested. In the treatment note dated 09-14-2015 the injured worker presented for pre-operative consultation. The treating physician noted the injured worker was complaining of shortness of breath on exertion and climbing stairs. Medications included Metformin, Prevacid, Captopril, Orphenadrine, Glipizide, Diclofenac, Cymbalta, Aspirin and Lantus Insulin. The treatment note dated 09-14-2015 also noted diagnostic studies to include: Electrocardiogram showing normal sinus rhythm without any signs of ischemia or chamber enlargement; Spirometry test - normal; Chest x-ray - No abnormality of the heart or lungs noted, lungs are clear, there is no cardiomegaly noted and there is no mass noted and echocardiogram revealed an ejection fraction of 60% with one plus MR noted. On 10-20-2014, the request for central motor evoked potential study 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:

Central motor evoked potential study: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Intraoperative neurophysiological monitoring (during surgery).

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-Lumbar & Thoracic (Acute & Chronic), Intraoperative neurophysiological monitoring (during surgery).

Decision rationale: The claimant sustained a work injury in October 2005 when she slipped and fell backwards landing on her back and underwent an L5/S1 corpectomy with fusion on 09/29/15. Pre-operative x-rays of the lumbar spine were negative for spondylolisthesis or instability. Somatosensory evoked potentials were monitored during surgery. Authorization is being requested for the motor evoked potential monitoring that was also performed. Use of intraoperative SSEP (somatosensory evoked potential) or DSEP (dermatomal sensory evoked potential) monitoring is recommended as an adjunct in those circumstances during instrumented lumbar spinal fusion procedures in which the surgeon desires immediate intraoperative information regarding the potential of a neurological injury. Use of intraoperative evoked EMG (electromyography) recordings is recommended in those circumstances in which the operating surgeon wishes to confirm the lack of a neurological injury during pedicle screw placement. A normal evoked EMG response is highly predictive of the lack of a neurological injury. Intraoperative 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. In this case, an instrumented fusion was performed with pedicle screw placement. A misplaced pedicle screw can result in significant nerve injury requiring reoperation which is often ineffective. The evoked potential testing is considered medically necessary.