

Case Number:	CM15-0045991		
Date Assigned:	03/18/2015	Date of Injury:	11/04/2007
Decision Date:	04/23/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/11/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 37 year old male who suffered an industrial injury involving the neck and low back on 11/4/2007. The diagnoses were lumbar degenerative disc disease and lumbar radiculitis. Treatment has included chiropractic, medications and lumbar fusion 1/22/2015. He did have a prior laminectomy in 2003. The treating provider reported moderate and constant pain in the back and legs that is worse post-surgery. MRI on 7/18/14 showed degenerative disc disease at L5-S1 with bilateral lateral recess and neuroforaminal narrowing. EMG in October 2014 confirmed a right L5-S1 radiculopathy. The requested treatment was (1) intra-operative monitoring during the anterior lumbar interbody fusion on 1/22/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) intra-operative monitoring with a dos of 1/22/2015: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 182 and 309. Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG), Neck and Low back, Evoked potential studies.

Decision rationale: The MTUS notes that sensory evoked potentials are recommended to assess low back complaints with spinal stenosis. For the neck they are optional if spinal stenosis or myelopathy is suspected. The use of intra-operative monitoring is not addressed in the MTUS. The ODG guidelines recommend evoked potential studies as a diagnostic option for unexplained myelopathy and/or in unconscious spinal cord injury patients. Not recommended for radiculopathies and peripheral nerve lesions where standard nerve conduction velocity studies are diagnostic. (Aetna, 2006) Evoked potentials are the electrical signals generated by the nervous system in response to sensory stimuli. Somatosensory evoked potentials (SSEPs) are used for clinical diagnosis in patients with neurologic disease for prognostication in comatose patients. Fewer diagnostic SSEP studies are being performed now than in the pre-MRI era. In this case the preoperative and postoperative diagnosis has remained lumbar radiculitis. The request for one (1) intra-operative monitoring with a dos of 1/22/2015 does not appear to be supported by the MTUS and ODG guidelines and is not medically necessary.