

Case Number:	CM15-0050654		
Date Assigned:	03/24/2015	Date of Injury:	04/16/2007
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/17/2015

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: Indiana

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 52 year old male, who sustained an industrial injury on April 16, 2007. The injured worker was diagnosed as having a cervical 4 herniated nucleus pulposus and stenosis, displacement of cervical intervertebral disc without myelopathy, degeneration of cervical intervertebral disc, intervertebral disc disorder with myelopathy cervical region, and cervical spondylosis with myelopathy. Treatment to date has included MRI, electrodiagnostic studies, urine drug screening, epidural injection, and pain medication. On February 16, 2015, the injured worker complains of moderate to severe cervical pain with left upper extremity radiculopathy. The physical exam revealed cervical tenderness, paraspinous spasm, and dysesthesias down the left upper extremity to the upper arm and radial forearm. There were hyporeflexic left-sided triceps and brachioradialis deep tendon reflexes and a positive left Spurling's test. The treatment plan includes a request for a cervical 4-5 total disc arthroplasty with intraoperative neurophysiological monitoring.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associates Surgical Services: Intraoperative Neurophysiological monitoring: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Emedicine; Intraoperative Neurophysiological Testing: Intraoperative neurophysiological monitoring has been utilized in attempts to minimize neurological morbidity from operative manipulations. The goal of such monitoring is to identify changes in brain, spinal cord, and peripheral nerve function prior to irreversible damage. Intraoperative monitoring also has been effective in localizing anatomical structures, including peripheral nerves and sensorimotor cortex, which helps guide the surgeon during dissection.

Decision rationale: MTUS and ODG are silent on this topic, but the above cited reference states the following: "Intraoperative neurophysiological monitoring has been utilized in attempts to minimize neurological morbidity from operative manipulations. The goal of such monitoring is to identify changes in brain, spinal cord, and peripheral nerve function prior to irreversible damage. Intraoperative monitoring also has been effective in localizing anatomical structures, including peripheral nerves and sensorimotor cortex, which helps guide the surgeon during dissection."The employee was denied the request for the surgery, so the intraoperative neurophysiological monitoring is also not necessary.