

<b>Case Number:</b>	CM15-0080819		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	06/08/2001
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 73-year-old female, who sustained an industrial injury on 6/8/01. She has reported a back injury with pain after getting off a bus. The diagnoses have included lumbar spine degenerative disc disease (DDD). Treatment to date has included medications, activity modifications, ambulatory assistance, surgery and diagnostics including x-rays, labs, urine drug screen and Magnetic Resonance Imaging (MRI). Currently, as per the physician progress note dated 2/9/15, the injured worker complains of burning pain in the back and into the bilateral legs and feet. The bilateral lower extremities are weak. She has neck brace on from post-operative care. The objective findings revealed poor range of motion of the lumbar spine, lumbar spasms, and positive straight leg raise. The physician requested treatments included 1 Spinal cord monitoring and 2 days in-patient stay.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Spinal cord monitoring:** 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), Low back, Lumbar & Thoracic (Acute & Chronic).

**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 Chapter, Intraoperative neurophysiological monitoring (during surgery).

**Decision rationale:** Based on the 02/09/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the bilateral lower extremities. The request is for 1 Spinal Cord Monitoring. No RFA provided. Patient's diagnosis on 02/09/15 included degenerative disc disease lumbar spine. Physical examination to the lumbar spine on 02/09/15 revealed poor range of motion, spasm and constant flex forward posture. Treatment to date has included surgeries, activity modifications, ambulatory assistance, imaging studies and medications. Patient medications include Oxycodone, Celebrex, Norco and Valium. Work status not available. Treatment reports provided from 09/10/14 - 03/09/15. The MTUS and ACOEM guidelines are silent with regards to this request. ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Intraoperative neurophysiological monitoring (during surgery) states: "Recommended during spinal or intracranial surgeries when such procedures have a risk of significant complications that can be detected and prevented through use of neurophysiological monitoring. Although high quality evidence supporting the use of monitoring in cervical, thoracic, and lumbar spinal surgeries is lacking, 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. (Gonzalez, 2009) However, in the majority of routine orthopedic spine procedures, mostly laminectomy, discectomy, or spinal fusion surgeries, procedures that do not actually involve the spinal cord itself but are very close to the spinal cord, the use of monitoring should be at the discretion of the surgeon. (Nuwer, 2012)" Provided treatment reports were handwritten and difficult to interpret. Guidelines indicate that "intraoperative neurophysiological monitoring during spine surgery is currently accepted as standard practice for many procedures mostly laminectomy, discectomy, or spinal fusion surgeries." UR letter dated 04/20/15 states "it was noted that there was a prior request submitted for a posterior decompression and instrumentation at the T10-S1 level and decompression at the L2-L4 level between 03/05/2015 and 04/19/2015, which was non-certified." In this case, guidelines would indicate neurophysiological monitoring at the treater's discretion. However, treater has not provided medical rationale for the request, and there is no documentation that surgery to the lumbar spine has been authorized to warrant the request for spinal cord monitoring. Therefore, the request is not medically necessary.

**2 days in-patient stay:** 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), Low back, Lumbar & Thoracic (Acute & Chronic), Hospital length of stay (LOS).

**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 Chapter, Hospital length of stay (LOS).

**Decision rationale:** Based on the 02/09/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the bilateral lower extremities. The request is for 2 Days In-Patient Stay. No RFA provided. Patient's diagnosis on 02/09/15 included degenerative disc disease lumbar spine. Physical examination to the lumbar spine on 02/09/15 revealed poor range of motion, spasm and constant flex forward posture. Treatment to date has included surgeries, activity modifications, ambulatory assistance, imaging studies and medications. Patient medications include Oxycodone, Celebrex, Norco and Valium. Work status not available. Treatment reports provided from 09/10/14 - 03/09/15. The MTUS and ACOEM guidelines are silent with regards to this request. ODG Guidelines, Low Back Chapter under Hospital length of stay (LOS) states: "ODG hospital length of stay (LOS) guidelines: Discectomy (icd 80.51 - Excision of intervertebral disc) Actual data median 1 day; mean 2.1 days ( 0.0); Laminectomy (icd 03.09 - Laminectomy/laminotomy for decompression of spinal nerve root) Actual data median 2 days; mean 3.5 days (0.1)." Provided treatment reports were handwritten and difficult to interpret. Treater has not provided reason for the request. UR letter dated 04/20/15 states "it was noted that there was a prior request submitted for a posterior decompression and instrumentation at the T10-S1 level and decompression at the L2-L4 level between 03/05/2015 and 04/19/2015, which was non-certified." In this case, the request for hospital stay would be reasonable and in accordance with guidelines, given impending lumbar spine surgery. However, there is no documentation that surgery to the lumbar spine has been authorized to warrant the request for 2 days In-patient stay. Therefore, the request is not medically necessary.