

Case Number:	CM14-0143796		
Date Assigned:	09/12/2014	Date of Injury:	03/04/2008
Decision Date:	10/24/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53 year old male with a 3/4/08 injury date. He had cumulative trauma to the neck while performing routine work. The current request concerns the use of intraoperative monitoring during a posterior cervical fusion in 2012. The patient previously had anterior cervical fusion (ACDF) in 2010. In a 6/3/14 follow-up, the patient complains of neck pain of 7/10 severity. Objective findings included crepitanace with neck motion, tenderness with guarding, muscle spasm, and negative Spurling's and compression tests. The 4/12/12 operative note states that there were no changes in the potentials while lateral mass screws were placed, and no changes in retro-diagnostic monitoring throughout the case. Diagnostic impression: cervical spondylosis, cervical radiculopathy. Treatment to date: C4-6 ACDF (2010), posterior cervical lateral mass fusion, C4-7 (4/12/12), medications, physical therapy. A UR decision on 8/5/14 denied the request for neuromuscular junction testing, intraoperative monitoring EMG, on the basis that there was no documented indication for prolonged technician service and no documented need to perform SSEPs throughout the procedure in more than one limb.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuromuscular junction testing intraoperative monitoring EMG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Clinical Neurophysiological Society Guideline 11B Intraoperative Monitoring recommendations

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. Other Medical Treatment Guideline or Medical Evidence: <http://emedicine.medscape.com/article/1137763-overview>

Decision rationale: CA MTUS does not address this issue. ODG states that intraoperative neurophysiological monitoring is utilized in attempts to minimize neurological morbidity from operative manipulations. 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. An abnormal EMG response during the surgical procedure may or may not be associated with a clinically significant injury. 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. In the present case, intraoperative EMG was used to monitor for neurologic injury while lateral mass screws were being placed. This practice is supported by the guidelines and is standard practice during pedicle screw insertion. Therefore, the request for Neuromuscular junction testing intraoperative monitoring EMG is medically necessary.