

Case Number:	CM14-0152580		
Date Assigned:	09/22/2014	Date of Injury:	03/01/2001
Decision Date:	10/28/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/18/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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:

The injured worker is a 53-year-old male with a reported date of injury on 03/01/2001. The injured reportedly occurred when the injured worker used a press machine at work. His diagnoses were noted to include cervical spondylosis without radiculomyelopathy and cervical spinal stenosis. His previous treatments were noted to include activity modification, bracing, chiropractic treatment, exercises, medications, physical therapy, stretching, acupuncture, massage therapy, and cervical epidural steroid injections. The progress note dated 06/11/2014 revealed complaints of pain and numbness to the cervical spine. The injured worker complained of neck pain that radiated to his upper extremity. The injured worker complained of tingling, numbness, and intermittently with or without weakness to the right upper extremity. No neurological signs/symptoms were described in the left upper extremity. The physical examination to the cervical spine revealed mild guarding during the cervical examination. There was tenderness to palpation of the posterior paraspinal muscles, trapezius, and interscapular on the right side. There were no muscle spasms and there was a decreased range of motion. The right Spurling's sign was negative with only axial pain elicited and a left Spurling's sign was negative with only axial pain elicited. Traction partially relieved the symptoms. The examination of the right shoulder revealed full range of motion without evidence of instability. The examination of the left shoulder revealed full range of motion without evidence of instability. The neurological examination of the bilateral upper and lower extremities was basically unremarkable with no significant findings noted. The motor strength was normal in all major muscle groups and the lower extremities, and sensation was normal in all dermatomes of the upper and lower extremities. Deep tendon reflexes were 1/+2 and symmetrical at the biceps, triceps, brachioradialis, knees and ankles. There was no muscle atrophy noted in any major muscle group of the upper or lower extremities. Request for Authorization form was not

submitted within the medical records. The request was for neurophysiological spinal monitoring; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurophysiological Spinal 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, Neck & Upper Back (updated 08/04/14)

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, Intraoperative Neurophysiological Monitoring (during surgery).

Decision rationale: The request for neurophysiological spinal monitoring is not medically necessary. The injured worker was awaiting authorization for spinal surgery. The Official Disability Guidelines recommend intraoperative nerve physiological monitoring during spinal or intracranial surgeries when such procedures have a risk of significant complications that can be detected or prevented through use of neurophysiological monitoring. The following types of intraoperative monitoring may be necessary: somatosensory evoked potentials; brainstem auditory evoked potentials; electromyography (EMG) of cranial or spinal nerves; electroencephalography (EEG); and electrocorticography. 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. There is a lack of documentation that indicated the surgery had been approved and would re-assess if/when the surgery is approved. Therefore, the request is not medically necessary.