

<b>Case Number:</b>	CM13-0020502		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	06/19/1990
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine 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 physician 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 patient is a 71-year-old male who reported an injury on 06/19/1990. The mechanism of injury was not stated in the medical records provided. The patient was noted to be status post C6-7 cervical anterior interbody fusion and anterior instrumentation performed on 09/09/2013. It was noted that the patient had complained of chronic neck pain since his original injury which had been tolerable; however, his symptoms had become progressively worse over the last 2 years. It was also noted that the patient's chief complaint was actually his left upper extremity pain, he was also noted to have a positive Spurling's sign, he reported numbness and tingling into his left upper extremity, he described electrical shooting pains that radiated into the 3rd, 4th, and 5th digits, and had continuous numbness in his 3rd and 4th digits on the left hand. It was noted that he continued to have difficulty sleeping due to neck pain postoperatively, as well as intermittent left upper extremity achiness. X-rays were noted to show effusion. A recommendation was made for a bone stimulator to prevent pseudarthrosis and further surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bone growth stimulator:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Bone growth stimulators (BGS); Low Back, Bone growth stimulators (BGS)

**Decision rationale:** The Physician Reviewer's decision rationale: Official Disability Guidelines state that bone growth stimulators are under study as there is conflicting evidence. The guidelines state there is some limited evidence that bone growth stimulators improve the fusion rate of spinal fusion surgery in high risk cases. It further states there is no consistent medical evidence to support or refute use of these devices for improving patient outcomes and there may be a beneficial affect on fusion rates in patients at high risk but this has not been convincingly demonstrated. The criteria for use for invasive or noninvasive electrical bone growth stimulator are: 1 or more previous failed spinal fusion, grade 3 or worse spondylolisthesis, fusion performed at more than 1 level, current smoking habit, diabetes, renal disease, alcoholism, or significant osteoporosis which has been demonstrated on radiographs. The patient was noted to be postoperative following a spinal fusion at C6-7, and a bone growth stimulator was requested in order to promote a solid fusion, and prevent pseudarthrosis and further surgery. However, the patient was not noted to meet any of the criteria for use of a bone growth stimulator according to ODG.