

Case Number:	CM13-0023622		
Date Assigned:	11/15/2013	Date of Injury:	05/01/2008
Decision Date:	01/08/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/12/2013

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 Occupational 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; x-rays of the cervical and lumbar spines of September 3, 2013, apparently notable for excellent position of the hardware implants with no hardware failure and appropriate bone consolidation; prior L3 through L1 lumbar fusion surgery in November 2012; prior C4 through C7 cervical fusion surgery in January 2012; and extensive periods of time off of work, on total temporary disability. In a utilization review report of August 8, 2013, the claims administrator denied a request for cervical spine bone stimulator purchase. As noted previously on September 3, 2013, the attending provider wrote that radiographic examination of the lumbar spine revealed excellent position of the implants at L3 through S1 with no hardware failure. Similarly, x-rays of the cervical spine revealed bone consolidation without hardware failure evident. The applicant did remain off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine stimulator for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Neck & Upper Back Procedure Summary..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration

Guidelines, Low Back Problems, Bone-growth stimulators (BGS) Under study. See the Low Back Chapter for more information about use in spinal fusion..

Decision rationale: The MTUS does not address the topic of bone growth stimulators. As noted in the ODG low back chapter bone growth stimulators topic, criteria for usage of bone growth stimulators include individuals with spinal fusion surgery with any of the following risk factors for failed fusion: One or more previously failed fusions, grade III or worse spondylosis, multilevel fusion, current smoking habit, diabetes, renal disease, alcoholism, and/or osteoporosis, which is demonstrated on radiographs. In this case, however, none of the aforementioned criteria have seemingly been made. The information on file seemingly suggests that the applicant has had an excellent radiographic outcome following prior lumbar and cervical spine fusion surgery. There is no evidence of hardware failure, loosening, malposition, failed fusion, etc. The x-rays of September 3, 2013 seemingly suggest well-positioned and intact fusion hardware. There is no mention or description of any risk factors for failed fusion, such as diabetes, osteoporosis, renal failure, etc. Therefore, the original utilization review decision is upheld. The request remains non certified, on independent medical review.