

Case Number:	CM13-0024233		
Date Assigned:	03/14/2014	Date of Injury:	03/24/2013
Decision Date:	04/22/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/16/2013

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 Illinois. 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 patient is a 44-year-old female who reported an injury on 03/24/2013. The mechanism of injury was noted to be the patient was taking vital signs and dropped a thermometer and when the patient picked it up she hit her head on the metal container of the gloves. The examination of 08/13/2013 revealed that the physician was requesting a C5-6 anterior cervical discectomy with implantation of hardware and a bone growth stimulator. The patient's diagnoses were noted to be cervical discopathy and cervicalgia, as well as cervical disc extrusion at C5-6 with radiculopathy.

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 OFFICIAL DISABILITY GUIDELINES (ODG).

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, BONE GROWTH STIMULATORS

Decision rationale: Official Disability Guidelines recommend criteria for the use of invasive or non-invasive electrical bone growth stimulators can be utilized as an adjunct to spinal fusion surgery for patients with any of the following risk factors for failed fusion which include 1 or more previous failed spinal fusion, grade III or worse spondylolisthesis, and fusion to be performed at more than 1 level, as well as current smoking habit, diabetes, renal disease, alcoholism, or significant osteoporosis that has been demonstrated on radiographs. The clinical documentation submitted for review failed to indicate the patient had risk factors to necessitate a bone growth stimulator. Given the above, the request for a bone growth stimulator is not medically necessary.