

Case Number:	CM13-0025761		
Date Assigned:	10/11/2013	Date of Injury:	11/10/2007
Decision Date:	02/19/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/18/2013

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 Physical Medicine and 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 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:

This is a female patient with a date of injury of 11/10/07. A utilization review determination dated 9/10/13 recommends non-certification of a Spinalogic bone stimulator and collar as the patient is not in a high-risk category for failed fusion, but it does note that the patient is diabetic, rationalizing that she is well managed with medication. An anterior cervical discectomy and fusion at C4-5 was certified on 8/27/13. A progress report dated 8/15/13 identifies subjective complaints including neck pain radiating into the right shoulder and hand with weakness and numbness. Objective examination findings identify weakness and sensory loss in the right hand, positive Tinel's sign in the region of the right brachial plexus with positive Adson, Roos, and Spurling testing. An EMG/NCS was said to be consistent with right CTS and right C4-5 radiculopathy. Treatment plan recommends anterior cervical discectomy and fusion at C4-5 with decompression of the right brachial plexus.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Spinalogic Bone Stimulator and Collar (through Cypress Care): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back -Lumbar & Thoraic (Acute & Chronic), Bone growth Stimulators(BGS).

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 and Low Back Chapters, Bone growth Stimulators(BGS).

Decision rationale: Regarding the request for a Spinalogic bone stimulator and collar, California MTUS does not address the issue. ODG cites that bone growth stimulation is supported in the presence of at least 1 risk factor for failed fusion: One or more previous failed spinal fusion(s); Grade III or worse spondylolisthesis; Fusion to be performed at more than one level; Current smoking habit; Diabetes, Renal disease, Alcoholism; or Significant osteoporosis which has been demonstrated on radiographs. Within the documentation available for review, there is documentation that the patient has diabetes, albeit apparently well controlled. Regardless, even well controlled diabetes represents a risk factor for failed fusion. In light of the above, the currently requested Spinalogic bone stimulator and collar is medically necessary.