

Case Number:	CM13-0027599		
Date Assigned:	03/19/2014	Date of Injury:	03/03/2010
Decision Date:	05/21/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/23/2013

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 37-year-old female who sustained a neck injury on March 3, 2010, and underwent a one-level C5-6 anterior cervical discectomy and fusion on July 12, 2013. The records available for review document no co-morbidities. This request is for the post-operative use of a bone growth stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

A 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) treatment in worker's comp, 18th edition, 2013 updates: low back procedure - bone growth stimulators (BGS) under study.

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. According to Official Disability Guidelines, the use of a bone growth stimulator following an isolated, one-level fusion would not be supported. The records provided for review do not document a history of diabetes, renal disease, positive Final Determination Letter for IMR

Case Number CM13-0027599 3 smoking status or evidence of significant underlying osteoporosis. Absent these co-morbidities, this request would not be medically necessary.