

<b>Case Number:</b>	CM13-0027767		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	11/29/2011
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Orthopedic Surgery 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 39-year-old female who reported an injury on 11/29/2011. The patient reportedly sustained an injury to her right neck and shoulder after pulling an assailant out of a van while performing normal job duties as a police officer. The injury resulted in an anterior decompression and spinal fusion at the C5-6 level. The patient's most recent clinical evaluation revealed limited range of motion to 50% of the cervical spine, a reduction in numbness in the bilateral upper extremities, and the patient had intact motor and sensory function in the bilateral upper extremities. The patient's diagnosis included status post anterior cervical discectomy and fusion at the C5-6 with slight residuals. The patient's treatment plan was to continue medication usage and use a soft collar for cervical support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One 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 Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter.

**Decision rationale:** Clinical documentation submitted for review did provide evidence that the patient underwent cervical fusion at 1 level. The Official Disability Guidelines recommend bone growth stimulators when there is 1 or more previous failed fusion. The clinical documentation does not provide any evidence that the patient has had any previous spinal surgery. The Official Disability Guidelines recommend bone growth stimulators when there is grade 3 or worse spondylosis, fusion at more than 1 level, risk factors to include smoking, diabetes, renal disease, alcoholism, or a history significant for osteoporosis supported by radiograph studies. The clinical documentation submitted for review does not provide any evidence that the patient has any risk factors for delayed healing. The most recent clinical evaluation does indicate that the patient is showing signs of improved function as a result of the fusion surgery. There is no indication that the patient is at risk for delayed healing. As such, the request for a bone growth stimulator is not medically necessary and appropriate.