

<b>Case Number:</b>	CM13-0040842		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	09/03/1973
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 62-year-old male who reported an injury on 09/03/1973. The mechanism of injury was not stated. Current diagnoses include status post cervical reconstruction with hybrid construct, status post right carpal tunnel release, status post left carpal tunnel release, double crush syndrome, lumbar discopathy, status post right knee surgery, and internal derangement of the bilateral knees. The injured worker was evaluated on 09/05/2013. The injured worker reported significant improvement with respect to the cervical spine. The injured worker reported residual headaches and chronic low back pain. Physical examination of the cervical spine revealed tenderness to palpation with spasms and intact sensation. Treatment recommendations at that time included a cervical bone stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL BONE 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) NECK & UPPER BACK CHAPTER

**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 CHAPTER, BONE GROWTH STIMULATORS AND LOW BACK  
CHAPTER, BONE GROWTH STIMULATORS.

**Decision rationale:** The ODG state that bone growth stimulators for the neck and upper back are currently under study. The ODG further state that the criteria for the use of invasive or noninvasive electrical bone growth stimulators following lumbar spinal fusion surgery include 1 or more previous failed spinal fusions, grade III or worse spondylolisthesis, fusion to be performed at more than 1 level, a current smoking habit, diabetes, renal disease, alcoholism or significant osteoporosis. There was no indication that this injured worker has recently undergone a cervical spine fusion. The injured worker does not meet any of the above-mentioned criteria as outlined by the ODG. There were no imaging studies or plain films submitted for review. The injured worker reported improvement in symptoms with regard to the cervical spine. Physical examination only revealed tenderness to palpation with spasms. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request is non-certified.