

Case Number:	CM13-0043491		
Date Assigned:	12/27/2013	Date of Injury:	09/12/2006
Decision Date:	05/07/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/23/2013

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 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 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 62-year-old gentleman who was injured in a work related accident on September 12, 2006. The records in this case are specific to the claimant's neck. The claimant had been certified for a two level cervical fusion at the C3-4 and C4-5 level with cage and plate allograft. The specific request in this case is for a bone growth stimulator for postoperative use in regards to the surgery in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

BONE STIMULATOR: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 PROCEDURE

Decision rationale: While the California MTUS Guidelines are silent, the Official Disability Guidelines (ODG) criteria state that a bone growth stimulator in this case would be supported. The claimant is to undergo a two level fusion process and the nature of a two level surgical process in and of itself would support the role of a bone growth stimulator. The bone stimulator

is medically necessary to aide in healing. The specific request in this case would be supported as medically necessary.