

Case Number:	CM13-0044545		
Date Assigned:	12/27/2013	Date of Injury:	11/16/2011
Decision Date:	04/18/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/31/2013

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:

This 56-year-old retired male sustained an industrial injury on 11/16/11 while employed by the [REDACTED]. He underwent cervical spine surgery on 10/5/12 including C4/5 prosthetic disc replacement and C5/6 and C6/7 orthopedic implant device to unload the intervertebral disc area. The 8/6/13 cervical spine CT scan documented C4/5 artificial disc, anterior fusion at C5/6 and C6/7 with discontinuous bony bridging across the interbody spaces, C5/6 mild to moderate body right neuroforaminal narrowing, C6/7 moderate left and minimal right neuroforaminal narrowing, spinal canal narrowing at C5/6 and C6/7, and mild/minimal C7/T1 neuroforaminal narrowing. The 8/6/13 upper extremity EMG/nerve conduction study revealed no acute or chronic denervation changes with sensory complaints suggestive of a left C5/6 radiculopathy. The 9/12/13 AME report cited complaints of neck and left trapezius, shoulder, and elbow pain, described as nerve pain, and intermittent bilateral arm numbness, more so at night. Use of the left upper extremity caused flare-ups. The AME indicated that the CT scan demonstrated that the C5/6 fusion may not be entirely complete yet. However, there were interbody spacers somewhat unloading the disc space and satisfactory placement of the artificial disc at C4/5. The 9/16/13 treating physician report indicated that the patient had undergone a successful cervical procedure and had been diagnosed with a double crush syndrome, awaiting bilateral carpal tunnel release. Cervical spine exam was unchanged with tenderness and spasms of the cervical paravertebral muscles and upper trapezius, left greater than right. X-ray exam of the cervical spine revealed well-healing bone graft, not yet fully matured. The treating physician recommended a cervical bone stimulator. The 11/27/13 AME report stated that there was evidence of motion between the spinous processes of C5, C6, and C7 in the flexion/extension views and CT scan documentation of incomplete or non-fusions at C5/6 and

C6/7. Return to the neurosurgeon for evaluation and treatment including re-exploration and re-fusion at C5/6 and C6/7 was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL BONE STIMULATOR: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Neck and Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK AND UPPER BACK, BONE GROWTH STIMULATORS (BGS)

Decision rationale: Under consideration is a request for a bone growth stimulator. The California MTUS are silent regarding bone growth stimulators. The Official Disability Guidelines indicate that bone growth stimulators are under study and may be considered medically necessary as an adjunct to spinal fusion surgery for patients with risk factors for failed fusion. Risk factors include one or more previous failed spinal fusion(s), grade III or worse spondylolisthesis, fusion at more than one level, current smoking habit, diabetes, renal failure, alcoholism, or significant radio graphically documented osteoporosis. Guideline criteria have been met. This patient is status post cervical reconstruction from C4 to C7 with hybrid construct. A prior anterior fusion procedure is noted at C5/6 and C6/7, albeit with recurrent imaging evidence of incomplete or non-fusion. Therefore, this request for bone growth stimulator is medically necessary.