

Case Number:	CM13-0047416		
Date Assigned:	12/27/2013	Date of Injury:	10/21/1999
Decision Date:	02/24/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/01/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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:

This is a female patient with a date of injury of 10/21/99. The patient was scheduled to undergo a multilevel cervical spine revision fusion on 10/22/13; the SpinaLogic device is intended for the lumbar spine. A history and physical examination report dated 10/25/13 identifies that the patient underwent cervical decompression and posterior spinal fusion C3-7 on 10/22/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a DJO SpinaLogic 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, and the SpinaLogic Bone Growth Stimulator Summary of Safety and Effectiveness.

Decision rationale: The California MTUS does not address the issue at hand; however, the Official Disability Guidelines do support the use of spinal cord stimulation for patients at risk of failed fusion, such as when there is a history of failed fusion or when fusion is to be performed at more than one level. The FDA indications for the SpinaLogic bone growth stimulator identify that it is for lumbar spinal fusion surgery for one or two levels. Within the documentation

available for review, there is documentation that the patient underwent a cervical fusion at four levels. In light of the above issues, the currently requested DJO SpinaLogic bone growth stimulator is not medically necessary.