

Case Number:	CM13-0049496		
Date Assigned:	03/03/2014	Date of Injury:	01/05/2012
Decision Date:	04/29/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/21/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 41-year-old male with date of injury of 01/05/2012. The listed diagnoses dated 09/17/2013 are: Status post anterior cervical spine discectomy and fusion at C6-C7, Lumbar discopathy, Carpal tunnel syndrome, rule out double crush, Shoulder impingement, rule out rotator cuff pathology, Cervical microdiscectomy and cervical fusion at C6-C7, 07/19/2013. According to the progress report dated 09/17/2013, the patient complains of persistent pain of the neck with residual stiffness, headaches, and left-sided numbness. He also complains of bilateral shoulders, bilateral wrists/hands, and lumbar spine symptomatology that have not changed significantly. The physical examination shows tenderness at the cervical paravertebral muscles with upper trapezial muscles spasms. Range of motion of the cervical spine is limited. The treater is requesting a cervical spine bone stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

C/S BONE STIM: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Bone Growth Stimulator for L-spine

Decision rationale: This patient presents with chronic neck pain. The treater is requesting a cervical spine bone stimulator. The utilization review dated 09/20/2013 denied the request stating that the patient has not been wearing a cervical orthosis, swimming/exercising and no complications were documented from surgery. The operative report dated 07/19/2013 shows that the patient underwent a cervical microdiscectomy and cervical fusion at C6-C7. The progress report dated 08/20/2013 by [REDACTED] shows that the cervical spine has a well-healed incision with no signs of infection and wound dehiscence. The MTUS and ACOEM guidelines are silent with regards to this request. However, ODG Guidelines states that a bone growth stimulator for the cervical spine is "under study." It further states that there is no consistent medical evidence to support or refute the use of these devices for improving the patient outcomes. There may be beneficial effects on fusion rates for patients at "high risk." In this case, the treater does not discuss why this patient would be considered a "high risk." The ODG Guidelines do not support routine use of bone stimulators without specific discussions as to why this patient requires a bone stimulator and why the patient is a high risk for fusion failure. Recommendation is for denial.