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| Case Number: | CM13-0068821 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 07/03/2007 |
| Decision Date: | 05/21/2014 | UR Denial Date: | 11/20/2013 |
| Priority: | Standard | Application Received: | 12/19/2013 |

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 Spinal Surgeon and is licensed to practice in New York. 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 has a date of injury of July 3, 2007. The mechanism of injury occurred when the patient was pulling an object at work. The patient complains of chronic neck and left arm pain. Physical examination shows decreased range of motion. Grip strength is diminished in the left hand and there is weakness of the left wrist extension and flexion. MRI of the cervical spine from August 2013 shows degenerative disc condition with spinal stenosis on the left at C4-5 bilaterally at C5-6 and C6-7. The patient is a 72 sessions of chiropractic treatment with temporary relief. The patient has had 2 epidural steroid injections without improvement. The patient is also had facet blocks and interlaminar epidural steroid injections. The patient is diagnosed with C5-6 and C6-7 degenerative pathology. Treatment plan is to undergo disc replacement at C5-C7. At issue is whether or not bone growth stimulator and cervical collar are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG), Neck and Upper Back(Updated 05/14/13) Bone Growth Stimulators (BGS) Under Study 20974, Electrical Stimulation to Aid Bone Healing; Noninvasive (Nonoperative)

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(Updated 05/14/13) Bone Growth Stimulators (BGS) Under Study 20974, Electrical Stimulation to Aid Bone Healing; Noninvasive (Nonoperative)

Decision rationale: The use of a bone growth stimulator is not medically necessary. In this case, the requested surgery involves total disc replacement at 2 levels of the cervical spine. Total disc replacement is a motion preserving operation that does not involve bone fusion. In addition, the need for two-level cervical spine artificial disc replacement has not been established. Two-level artificial disc surgery remains experimental and does not approved by the FDA. Also, There is no medical role for a bone growth stimulator in cases of total disc replacement. Since fusion surgery is not being requested, there is absolutely no role for bone growth stimulator. In addition no medical necessity for the use of a bone growth stimulator are met in this case. The medical records do not indicate that the patient has any risks factors for nonhealing of bone. The request for Bone growth stimulator is not medically necessary.

CERVICAL COLLAR: 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), Collars (Cervical)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Collars (Cervical)

Decision rationale: The use of a cervical collar is not medically necessary in this case. Specifically, 2 levels of artificial discs cervical surgery is experimental surgery. The FDA has only approved artificial disc replacement for single level use. He FDA has not improved artificial disc replacement for more than one level. In this case 2 levels of being requested and this is experimental and not consistent with FDA establish indications for cervical disc arthroplasty. In addition, guidelines do not support the use of a collar for degenerative neck pain. There is no role for the use of the cervical collar in this case. The request for Cervical collar is not medically necessary.