

Case Number:	CM13-0070922		
Date Assigned:	01/08/2014	Date of Injury:	10/14/2003
Decision Date:	05/07/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/26/2013

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 55 year old female injured in a work related accident on October 14, 2003. She sustained an injury to the neck. The clinical records for review indicate the claimant has failed recent course of conservative care and continues to be symptomatic for which a current two level anterior cervical discectomy and fusion with iliac crest bone grafting was recommended at the C5 through C7 levels. The surgical request has been deemed medically necessary per the Utilization Review process. The specific clinical request is the use of a bone growth stimulator in the immediate post operative period following the above mentioned two level surgical processes. The remaining clinical records are not pertinent to the specific request at hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOFIX EXTERNAL 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).

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

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. When looking at the Official Disability Guidelines, the request for a bone growth stimulator in this case would be

supported. The ODG Guidelines for use of bone growth stimulator in a fusion Final Determination Letter for IMR Case Number CM13-0070922 3 setting include multi-level fusion procedures. In this case the claimant is to undergo a two level procedure. The specific surgical request would warrant the postoperative use of the bone growth stimulator.