

<b>Case Number:</b>	CM14-0000475		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	01/29/2007
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 47 year old female with date of injury 1/29/07. The mechanism of injury is described as pain after moving heavy ice cream crates. The patient has complained of neck and right shoulder pain since the date of injury. She has had a cervical fusion of the cervical spine in 07/2011. She has also been treated with physical therapy and medications. MRI of the cervical spine dated 08/2013 showed moderate stenosis, mild disc herniation at C5-C6 and mild to moderate neuroforaminal narrowing bilaterally at C5-C6. The current request is for a bone stimulator to be used after an upcoming planned surgery C5-C6 anterior cervical decompression with bone grafting. The objective is decreased range of motion of the cervical spine, motor weakness in a C6 distribution on the right, decreased range of motion of the right shoulder. The diagnoses are cervical radiculopathy and cervical stenosis. The treatment plan and request is a bone stimulator s/p planned surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BONE STIMULATOR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Bone stimulator devices

**Decision rationale:** This patient is a 47 year old female who has complained of neck and shoulder pain since date of injury 1/29/07. She has also been treated with cervical spine surgery, physical therapy and medications. A second cervical spine surgery (anterior cervical decompression with bone grafting) is planned and a bone stimulator device is being requested for use status post surgery. There are no MTUS guidelines with respect to use of a bone stimulator. Per ODG guidelines, bone stimulators continue to be under study and there is no consistent medical evidence to support their use status post cervical spine surgery. On the basis of this lack of evidenced base medicine, a bone stimulator device is not indicated as medically necessary in this patient.