

Case Number:	CM14-0006039		
Date Assigned:	03/03/2014	Date of Injury:	01/14/2008
Decision Date:	08/21/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/15/2014

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 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:

This is a 53 year-old female with a 1/14/08 date of injury after lifting 50 pounds or more. The patient had an anterior cervical discectomy from C4-C7 with PEEK cages and plate fixation certified on 8/27/13 and 1/6/14 given the patient had ongoing complaints of neck pain. She was seen on 11/6/13 with exam findings and upper extremity weakness in the deltoids, wrist extensors, and wrist flexors. There are no operative or postoperative notes available for review. The diagnosis is cervical foraminal stenosis. Treatment to date includes: epidurals, medications, cervical fusion from C4-C7 with postoperative PT (certified 1/6/14) An adverse determination was received on 1/6/14 given the only risk factor the patient had for a failed fusion was the number of levels of the fusion, and there was no compelling information that the patient had any significant risk factors for non-union post surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE DME: BONE GROWTH STIMULATOR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG LOW BACK CHAPTER, BONE GROWTH STIMULATOR.

Decision rationale: CA MTUS does not address this issue. ODG criteria for bone growth stimulators include certain risk factors for failed fusion, such as multilevel fusion, smoking habit, or previous failed fusion. There is a lack of documentation to support that this patient is at significant risk for a failed fusion or nonunion. She has been certified for an anterior cervical fusion from C4-7 on multiple occasions, most recently on 1/6/14, yet there are no operative notes or post operative notes or imaging available for review, hence it is not clear if the patient has even had surgery to date. Therefore, the request for a bone growth stimulator was not medically necessary.