

Case Number:	CM14-0006795		
Date Assigned:	02/07/2014	Date of Injury:	03/21/2011
Decision Date:	09/29/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/17/2014

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 Orthopaedic Surgery, and is licensed to practice in Mississippi. 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 injured worker is a 57-year-old male who was injured on March 21, 2011. The injured worker is documented as being status post anterior cervical discectomy and fusion on June 18, 2013. No progress notes from the clinician are provided for this review. The utilization review in question was rendered on January 9, 2014. No imaging studies were provided for the review and there is no documentation of alcohol or tobacco use or other factors that would increase the risk of nonunion at the cervical fusion.

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 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, bone growth stimulators.

Decision rationale: No progress notes from the clinician were provided for this review. As there are no clinical indications presented for review and the lack of clinical documentation, this request is not medically necessary.

