MAXIMUS Federal Services

Case Number:	CM14-0009165		
Date Assigned:	02/21/2014	Date of Injury:	02/20/2007
Decision Date:	07/16/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/22/2014

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 record notes a 50-year-old individual with a date of injury of February 20, 2007. A mechanism of injury is not disclosed. A progress report from January 2014 references complaints of neck and back pain. Physical examination is unremarkable with the exception of a healed incision, which is noted. Neurological examination is intact. X-rays of the cervical spine from November 2013 reveal the hardware is intact. Some instability at C4-5 is referenced, "characterized by changes in the degree of retrolisthesis". A calcific bar anterior to the disc space at C4-5 is noted with no fracture identified. An MRI of the cervical spine from May 2013 demonstrates that the claimant is status post anterior fusions at the bodies at C5, C6, and C7. There is no evidence of a nonunion or failed fusion noted on MRI. An MRI of the cervical spine is reviewed. The diagnoses include DCDD, cervical stenosis, cervical disc protrusion, cervical radiculopathy, and status post anterior and posterior cervical fusion at C5-6. The treatment plan recommendations include Percocet, cervical spine x-rays, a bone stimulator, and a cervical collar to wear on an as needed basis. A progress note dated December 11, 2013 notes a subjective complaint of "doing well", physical examination indicates that incisions are clean, dry and intact and that motor is 5/5 in the deltoid/triceps/biceps/and wrist extension. X-rays of the cervical spine showed that the hardware is in good position and the diagnosis indicates the claimant is six days postop. Treatment recommendation is to continue the cervical collar. A preceding progress note from November 2013 references a plan to proceed with hardware removal from C5-6 and C4-5 ACDF.Remote conservative treatment has included physical therapy, chiropractic care, acupuncture, bracing, anti-inflammatory medications, and epidural steroid injections.A prior review of this request resulted in a recommendation for non-certification on January 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR POSTERIOR /LATERAL ,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 (ODGSection: Neck & Upper Back (Acute & Chronic) (updated 3/31/2014).

Decision rationale: California treatment guidelines support for the use of electrical bone growth stimulators in select clinical settings where evidence of prior non-union is noted, a grade 3 spondylolisthesis is present, or fusion is needed at more than one level. Additional criteria include a current smoking habit, or diabetes/renal disease/alcoholism/or significant osteoporosis that is been demonstrated on x-rays. In November 2013 progress note indicates that a proposed procedure with hardware removal in ACDF at C4-5. A postop visit does not reference procedure details, and there's no documentation in the medical record of a factor for which the bone growth stimulator has been requested. In the absence of a multilevel fusion, documentation of nonunion, or one of the risk factors for which the guidelines support the use of a bone growth stimulator, this request is not medically necessary.