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| Case Number: | CM14-0100312 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 06/11/2007 |
| Decision Date: | 09/25/2014 | UR Denial Date: | 06/02/2014 |
| Priority: | Standard | Application Received: | 06/30/2014 |

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 59-year-old male with a 6/11/07 date of injury; the mechanism of the injury was not described. The patient underwent C5-C7 anterior cervical fusion on 10/5/13. The progress notes dated 5/5/14 and 5/19/14 were handwritten and somewhat illegible and there was a request for a new bone stimulator. The patient was seen on 8/11/14 with complaints of 5/10 constant sharp pain in the cervical and thoracic spine aggravated by repetitive motions of the neck with radiation into the upper extremities. The patient complained of headaches and tension between the shoulder blades. The patient also reported 7/10 sharp low back pain radiating to the lower extremities. Exam findings of the cervical and thoracic spine revealed tenderness to palpation in the paravertebral muscles with spasm and limited range of motion with pain. The sensation and strength was without normal limits. The examination of the lumbar spine revealed tenderness to palpation in the paravertebral muscles, restricted range of motion and positive seated nerve root test. The diagnosis is cervicalgia, lumbosacral neuritis, thoracic disc degeneration, rotator cuff syndrome, status post left and right carpal tunnel release, status post left and right shoulder arthroscopy with repair and status post cervical fusion. The treatment to date included steroid lumbar injections, physical therapy and medications. An adverse determination was received on 6/2/14 given that the supplied information was not legible and there was no rationale with regards to a new bone stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

New Bone 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), 2014 Web-based Edition.

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: The California MTUS does not specifically address this issue. The ODG criteria for bone growth stimulators include certain risk factors for failed fusion, such as multilevel fusion, smoking habit, or previous failed fusion. The progress note stated that the patient underwent C5-C7 anterior cervical fusion on 10/5/13. The request was for a New Bone Stimulator; however there is a lack of documentation regarding the previous bone stimulator usage. It is not clear if the patient's fusion failed or if the patient is a smoker. Risk factors for failed fusion were not identified. In addition, there is no rationale with regards to the new bone stimulator and to what spine level the bone stimulator was requested. Therefore, the request for New Bone Stimulator was not medically necessary.