

<b>Case Number:</b>	CM14-0106759		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	06/06/2000
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Texas. 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 41-year-old female who reported an injury on 06/06/2000, due to cumulative trauma while performing normal job duties. The injured worker was treated conservatively and failed to improve, and ultimately underwent cervical spine fusion. The injured worker was evaluated on 05/23/2014. It was documented that the injured worker had constant cervical spine pain. Physical findings included tenderness to palpation over the cervical spine and trapezius. It was noted that an x-ray revealed 0 implant failure. A request was made for a bone growth stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Spine 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, Low Back Lumbar and Thoracic (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Bone Growth Stimulator.

**Decision rationale:** California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend bone growth stimulators for injured workers who are at risk for a nonunion following fusion surgery. The clinical documentation submitted for review does not provide any evidence that the injured worker has comorbidities or is a smoker that will contribute to the possibility of a nonunion and put the injured worker at risk for nonunion. Additionally, the clinical documentation supports that the injured worker underwent a single-level fusion. Therefore, the need for a cervical spine bone stimulator is not clearly established. As such, the requested Cervical Spine Bone Stimulator is not medically necessary or appropriate.