

Case Number:	CM14-0010019		
Date Assigned:	02/21/2014	Date of Injury:	11/27/2007
Decision Date:	06/26/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/24/2014

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, has a subspecialty in Spine 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:

The injured worker is a 61-year-old female who reported an injury on 11/27/2007. The mechanism of injury was cumulative trauma and a fall. Within the clinical note dated 12/11/2012 the injured worker complained of increased neck pain, possibly due to the cold weather. The injured worker reported she wanted to proceed with the cervical spine surgery. Upon physical exam the provider noted cervical spine tenderness over paraspinals, with muscle guarding, a positive compression test on the left side, decreased sensation along the right C5-C7 dermatomes, and range of motion was limited in all planes. On 12/04/2013 the injured worker presented with pain in her neck radiating to her right upper extremity. The provider noted the injured worker had tenderness over the cervical paraspinals, with spasm and guarding, and range of motion was limited in all planes. The injured worker had a positive spurlings maneuver on the right side. The injured worker previously underwent physical therapy and was provided medication with minimal benefit. The provider recommended the injured worker undergo an anterior cervical discectomy and fusion of C6-C7 using cage and plate, allograft bone matrix which the provider indicated was not yet approved within the most recent clinical note. The provider recommended a postoperative bone growth stimulator purchase to help secrete endorphines and relax strained muscles. The Request for Authorization was not provided in the documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP BONE STIMULATOR PURCHASE: 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 (BGS)

Decision rationale: The request for postop bone stimulator purchase is not medically necessary. The injured worker complained of pain to the neck radiating to the upper extremity. The injured worker reported she wanted to proceed with the cervical spine surgery of an anterior cervical discectomy and fusion of C6-C7 using cage and plate, allograft bone matrix. The Official Disability Guidelines note either invasive or noninvasive methods of bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients who have undergone one or more previous failed spinal fusions, patients with grade III or worse spondylolisthesis, and patients in which fusion is to be performed at more than one level. Bone growth stimulation may also be indicated for patients with current smoking habits, diabetes, renal disease, alcoholism, or patients with significant osteoporosis which has been demonstrated on radiographs. There was lack of documentation indicating the injured worker has a history of failed spinal fusion. The documentation lacked evidence indicating the injured worker was diagnosed with renal disease, alcoholism or significant osteoporosis. Within the provided documentation the physician indicated the injured worker had not been approved for the C6-C7 discectomy and fusion. Additionally, the guidelines note bone growth stimulation is recommended for fusions being performed at more than one level. However, the surgical procedure referenced within the documentation was only for 1 level. Therefore, the request for postop bone stimulator purchase is not warranted at this time and is not medically necessary.