

<b>Case Number:</b>	CM14-0111898		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/01/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Physical Medicine and Rehabilitation 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 53 year old female who sustained an injury on 11/01/13 as a result of cumulative trauma. The injured worker has been followed for complaints of neck pain radiating to the right upper extremity. The injured worker had not improved despite prior medications, physical therapy, or injections. The injured worker had undergone a prior carpal tunnel release. The 05/13/14 report noted loss of sensation in the bilateral C7 distribution. The recommendation was for an anterior cervical discectomy and fusion from C5-7. The post-operative bone growth stimulator was denied on 07/08/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Post-Operative Purchase One Bone Growth Stimulator to Cervical: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck Chapter, Low Back Chapter, Web Edition: Criteria for use for invasive or non-invasive electrical bone growth stimulators

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

**Decision rationale:** The requested post-operative bone growth stimulator would not be indicated in this case. The injured worker was recommended for an anterior cervical discectomy and fusion from C5-7; however, the provided documentation did not identify any significant risk factors for the development of post-operative non-union or pseudoarthrosis. The efficacy of post-operative use of a bone growth stimulator is less supported for the cervical spine. As such, the post-operative durable medical equipment request is not medically necessary per ODG.