

Case Number:	CM14-0144185		
Date Assigned:	09/12/2014	Date of Injury:	05/27/2014
Decision Date:	12/24/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/05/2014

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 Family Practice 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 58 year old female claimant sustained a work injury on 5/27/14 involving the neck. She was diagnosed with cervical spine derangements and myofascial syndrome. A progress note on 6/2/14 indicated the claimant had throbbing neck pain and occipital headaches. Exam findings were notable for restricted range of motion of the cervical/thoracic spine and weakness in the right shoulder and right side of the neck. Cervical distraction and compression test were positive. On August 7, 2014, a spine specialist noted findings consistent with cervical radiculopathy. He recommended proceeding with cervical discectomy and fusion. The physician had also requested a cervical collar and a bone growth stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

BONE GROWTH STIMULATOR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Bone Growth Stimulators

Decision rationale: According to the guidelines, bone growth stimulators are under study. There is conflicting evidence about their efficacy. Some limited evidence exists for high risk fusion surgeries. In this case, there was no mention of a high-risk situation. The request for a bone growth stimulator is not medically necessary.