

Case Number:	CM14-0159219		
Date Assigned:	10/02/2014	Date of Injury:	02/01/2012
Decision Date:	10/31/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/29/2014

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 Minnesota. 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 54 year old female with cervical spondylosis and evidence of 3 level degenerative disc disease of the cervical spine with MRI evidence of C6-7 disc protrusion/herniation with disc-osteophyte complex resulting in cord compression and myelo-radiculopathy. She has been approved for anterior cervical discectomy and fusion at C6-7. The disputed issue pertains to use of a bone growth stimulator postoperatively. Her date of injury was 02/01/2012. She has had two cervical MRI scans and the degree of cord compression is reported to be slightly worse on the second MRI dated 04/16/2014. She underwent an anterior and posterior spinal fusion at L4-5 in January 2014 and no problem with healing was documented. The reason for requesting the bone growth stimulator has not been given.

IMR ISSUES, DECISIONS AND RATIONALES

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

external bone growth stimulator: 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) Neck and Low Back Chapters, Bone growth Stimulators

Decision rationale: There is conflicting evidence about the use of a bone growth stimulator as an adjunct to spinal fusion surgery. Based upon limited evidence, its use may be indicated if there is a history of previous failed fusion, fusion at more than one level, current smoking habit, significant osteoporosis, diabetes, renal disease, or alcoholism. The request does not document the reason for the bone growth stimulator and it was documented that there was no problem with the prior lumbar fusion of January 2014. The anterior cervical fusion is at one level and no risk factors for failure of the fusion are mentioned. Therefore, the request for an external bone growth stimulator is not medically necessary.