

Case Number:	CM14-0176702		
Date Assigned:	10/30/2014	Date of Injury:	02/14/2003
Decision Date:	12/10/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/24/2014

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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 02/14/2003. The date of the utilization review under appeal is 09/24/2014. The patient was seen 07/11/2014 in follow-up regarding a cumulative trauma injury to the cervical spine from 12/17/2012 through 02/14/2013. The patient was noted to be an occasional alcoholic beverage drinker. She denied smoking. Subsequently the cervical spine films of 08/11/2014 showed the patient's cervical fusion at C4-6 with interposition of the graft at C5-6 and C6-7. An authorization request of 12/16/2014 requests an external bone stimulator. Specific rationale for this bone stimulator is not discussed in the available medical records. An initial physician review notes that the patient had a history of a previous failed spinal fusion at C6-C7, although the radiographs on 08/11/2014 did not elaborate on the status of the fusion at C5-6. Given the lack of updated imaging, the prior reviewer recommended that the bone scan request be denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biomet 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 Disability Guidelines, Treatment for Workers Compensation, Online Edition, Chapter: Neck and Upper Back, 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) Treatment in Workers' Compensation, Bone Growth Stimulators, Low Back

Decision rationale: The California Medical Treatment Utilization Schedule does not specifically discuss indications for bone growth stimulators for the spine. Official Disability Guidelines/Treatment in Workers' Compensation discusses bone growth stimulators for both the cervical and lumbar spine under the section of the low back, noting that there is conflicting evidence, and thus case by case recommendations are necessary. This patient has a complex medical history. Thus, it is conceivable that a bone growth stimulator would be indicated. However, specific treating physician notes have not been documented to clarify a case by case or individualized discussion as to why this particular patient would benefit from a bone growth stimulator. Therefore, the treatment guidelines have not been met. This request is not medically necessary.