

Case Number:	CM14-0177796		
Date Assigned:	10/31/2014	Date of Injury:	03/10/2014
Decision Date:	12/08/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/27/2014

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 Spine Surgery 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 58-year-old female who reported an injury on 03/10/2014 due to falling down a flight of stairs and landing and hitting the top of her head and losing consciousness briefly. Since then, the injured worker has experienced neck pain, upper back pain, left sided low back pain, left hip pain, and left arm and hand numbness and tingling in the wrist. Diagnoses were acute onset of severe neck pain and left arm numbness status post significant fall on 03/10/2014, post concussive symptoms status post fall, left wrist tendinitis, acute onset of low back pain and left leg pain, rule out cervical instability and stenosis, rule out lumbar instability and stenosis, possible evidence of spinal cord compression with Hoffmann's signs bilateral upper extremities as well as weakness in the left deltoid, biceps, triceps, rule out lumbar instability and rule out lumbar stenosis, left lower extremity weakness, and possible left hip trochanter bursitis. The injured worker had a physical examination on 10/09/2014 that revealed an MRI scan dated 06/25/2014 which indicated a mild to moderate foraminal stenosis at the C5-6 as well as mild abutment of the ventral canal at C5-6, possibly the cause of neck and arm symptoms. The injured worker had a cervical epidural injection with no pain relief reported. The examination of the cervical spine revealed there was no pain on palpation of the cervical paraspinal and trapezial musculature and no step off noted. Range of motion for flexion was to 30 degrees, extension was to 20 degrees, left lateral bending was to 10 degrees, right lateral bending was to 10 degrees, left rotation was to 20 degrees, and right rotation was to 20 degrees. Provocative maneuvers such as Spurling's revealed a negative sign. Neurological examination of the upper extremities for motor revealed a 5/5 and symmetric in the biceps, interossei, wrist flexors, wrist extensors, finger flexors, and finger extensors, with exception of left deltoid and triceps 4+/5. Right deltoid and triceps were 5/5. Reflexes were 2+ and symmetric. There was a negative Babinski's and negative clonus. There was a negative Hoffmann's sign. Normal sensation to light touch was

noted. The treatment plan indicated that the injured worker had progressed to surgery. It was reported that surgery would be in the form of anterior cervical discectomy and fusion at the C5-6 with removal of the disc, opening up of that canal and the nerve root at C5-6, and stabilizing the instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fitting for 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 Index, 12th Edition (web) 2014, Low 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) Low Back, Bone Growth Stimulators, (BGS)

Decision rationale: The decision for Fitting for Bone Growth Stimulator is not medically necessary. The Official Disability Guidelines state the criteria for use for invasive or noninvasive electrical bone growth stimulators are either invasive or noninvasive methods of electrical bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients with any of the following risk factors for failed fusion: (1) one or more previous failed spinal fusions; (2) grade III or worse spondylolisthesis; (3) fusion to be performed at more than 1 level; (4) current smoking habit (note other tobacco use such as chewing tobacco is not considered a risk factor); (5) diabetes, renal disease, alcoholism or; (6) significant osteoporosis which has been demonstrated on radiographs. The provider did not submit a rationale discussing a clear indication for why the injured worker needed a bone growth stimulator. Due to the fact that request number 2 is not medically necessary, this request is also not medically necessary.

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 Index, 12th Edition (web) 2014, Low 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) Low Back, Bone Growth Stimulators, (BGS)

Decision rationale: The decision for Bone Growth Stimulator is not medically necessary. The criteria for use for invasive or noninvasive electrical bone growth stimulators are either invasive or noninvasive methods of electrical bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients with any of the following risk factors for failed fusion: (1) one or more previous failed spinal fusions; (2) grade III or worse

spondylolisthesis; (3) fusion to be performed at more than 1 level; (4) current smoking habit (note other tobacco use such as chewing tobacco is not considered a risk factor); (5) diabetes, renal disease, alcoholism or; (6) significant osteoporosis which has been demonstrated on radiographs. The injured worker does not meet the criteria set forth by the medical guidelines. The medical guidelines state there should more than 1 failed spinal fusion surgery, grade III or worse spondylolisthesis, a diagnosis of diabetes, renal disease, or alcoholism, current smoking habit, or significant osteoporosis. The injured worker was not reported as having any of those risk factors. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.