

Case Number:	CM14-0021743		
Date Assigned:	05/07/2014	Date of Injury:	02/01/2010
Decision Date:	08/05/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/20/2014

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 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:

This is a 54-year-old patient with a February 1, 2010 date of injury. A November 25, 2013 progress report indicates persistent chronic cervical spine pain with radiation to the bilateral upper extremities. The patient is considered for ACDF at C5-6 and C6-7. Physical exam demonstrates discomfort on flexion and extension of the cervical column, there is spasm and tenderness over his cervical spine and decreased sensation in the C5, C6 and C7 dermatomes bilaterally. There is decreased grip strength bilaterally and weakness with flexion and extension of the elbows bilaterally. Discussion and defies that a bone growth stimulator is requested as the proposed procedure were encompass two levels. Treatment to date has included medication, activity modification. There is documentation of a previous adverse determination; with no documentation of the date or reason for previous denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

An external bone 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 (ODG), Low Back Chapter.

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 Upper Back, Low Back Chapters: Bone Growth stimulators.

Decision rationale: CA MTUS does not address this issue. The ODG criteria for bone growth stimulators include certain risk factors for failed fusion, such as multilevel fusion, smoking habit, or previous failed fusion. However, while the patient is considered for two-level ACDF (anterior cervical discectomy and fusion), there is no evidence that the patient would meet surgical criteria as formal imaging reports were not made available for review. There is no evidence of certification for the proposed procedure, or evidence that the procedure took place. Absent such evidence, the request can not be considered indicated. Therefore, the request for an external bone stimulator is not medically necessary or appropriate.