

<b>Case Number:</b>	CM14-0024889		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	11/13/2012
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Physical Medicine & 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 injured worker is a 64 year old female who reported an injury on 11/13/2012 repetitive use of a microscope. The injured worker had a history of neck and shoulder pain that radiated to the upper arm. Upon examination on 01/28/2014, the injured worker had increased pain 7/10 in the left neck and shoulder area with radiation into proximal arm. Exam showed positive impingement of left shoulder in forward flexion and abduction and decreased passive range of motion. X-rays of cervical spine revealed the graft, plate, and screws were in good position. There were lucencies around the C6 screws. The injured worker had a diagnoses of left rotator cuff impingement syndrome, status post anterior C5-6 discectomy and fusion, C6 radiculopathy, foraminal stenosis and disc protrusion right C5-6. The injured worker's diagnostic studies, surgeries and procedure included on 05/03/2013 MRI of cervical spine and x-rays. The injured workers treatments were physical therapy, cervical epidural steroid injection, medication, and activity modification. The treatment plan was for bone stimulator cervical. The request for authorization form for the request was not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BONE STIMULATOR-CERVICAL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines), Neck and Upper Back, (Acute & Chronic).

**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, Bone growth stimulators (BGS).

**Decision rationale:** The request for bone simulator - cervical is non-certified. The Official Disability Guidelines (ODG) states the criteria for use for invasive or non-invasive electrical bone growth stimulators: may be considered medically necessary as an adjunct to spinal fusion surgery with any of the following risk factors for failed fusion: (1) One or more previous failed spinal fusion(s); (2) Grade III or worse spondylolisthesis; (3) Fusion to be performed at more than one 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. There is a lack of documentation of medical necessity for the use of a bone stimulator. None of the criteria was reported for the injured worker. Therefore, the above request is non-certified.